V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41816

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 465

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. # 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 12-8-33
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 14

(c) City or town Loose Creek 1
(If outside city or town limits, write "RURAL") 2

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lizzie Bethod

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Victor

6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased not given
(Month) (Day) (Year)

8. AGE: Years 77 Months ? Days If less than one day hr. min.

9. Birthplace Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation DK

11. Industry or business

FATHER
12. Name
13. Birthplace not given 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44
(Month) (Day) (Year)

(c) Place: burial or cremation Loose Creek

18. (a) Signature of funeral director Clyde Morton

(b) Address Linn Mo.

19. (a) 1-3-1944 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

11:01

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 11-20-, 1943 to 12-31-, 1943
that I last saw her alive on 12-31-, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis cerebral arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature K. E. Sherrill (M. D. or other)

Address Fulton Mo Date signed 1/1/44

(Licensed Embalmer's Statement on Reverse Side)

MAY 29 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.