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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3718

FILED FEB 2 1944

State File No.

Registration District No. 2 98

Primary Registration District No. 5841

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 4
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY MYRTLE BEETS

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1943 hour 7 minute 30 AM.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Devey Beets 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 1 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 30, 1943 to Dec 31, 1943
that I last saw her alive on Dec 30, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

64 5 29 hr. min.

Immediate cause of death apoplexy - Hypertension

Due to.....

Due to.....

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House wife

Major findings: of operations

Of autopsy.....

PHYSICIAN J. Za

Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER

12. Name States

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Ethel Hanna

(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?.....

(b) Address 327 W. Evergreen, Chicago, Ill.

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

(c) Place: burial or cremation Baptist Cemetery

18. (a) Signature of funeral director W. T. Hayward

While at work?..... (Specify type of place)
(e) Means of injury.....

(b) Address Seneca Mo.

23. Signature P. B. Duemler (M. D. or other)

19. (a) Jan 13 '44 Nellie Norris
(Date received local registrar) (Registrar's signature)

Address Seneca Mo. Date signed 1-4-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

252

RECEIVED

1-5-44

District Health Officer No. _____

District File Number 144-9

Date Filed 1-7-44

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

B. M. Buzzard

Licensed Embalmer No.

2334

P. O. Address

Seneca 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.