No. 2
2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7382

FILED MAR 13 1944

Registration District No. 7584

Primary Registration District No. 5579

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 2 years - 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47

(c) City or town Alba, 0
(If outside city or town limits, write "RURAL")

(d) Street No. None 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LARRY TAYLOR BETEBENNER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased February 15, 1942 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
2	0	5	____ hr. ____ min.

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

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name Claude Betebenner
13. Birthplace Carthage, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Opal White
15. Birthplace Oronogo, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Betebenner
(b) Address Alba, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Feb 22 1944 (Date received local registrar) Mrs Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-20-44 day ____ year ____ hour 3 minute 15 a.m.

21. I hereby certify that I attended the deceased from 1-8-44, 19__, to 2-20-44, 19__; that I last saw him alive on 2-20-44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Kidney damage, lab report not yet received	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 2

23. Signature Ralph H Berry (M. D. or other) DO
Address Alba, Mo Date signed 2-21-44

11-6 (Licensed Embalmer's Statement on Reverse Side)

44-2-216

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.....

Licensed Embalmer No.....2222

P. O. Address.....Carthage

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.

. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 1

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Larry J. Betebenner

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

4. Sex ..... 5. Color or race ..... 6. (a) Single, widowed, married, divorced .....

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

7. Birth date of deceased ..... (Month) (Day) (Year)

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

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

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

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1944 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19 ..... to ..... 19 ..... ; that I last saw h ..... alive on ..... 19 ..... ; and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis

Due to Cause unknown

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Of autopsy Riding damaged Lab report not yet received

Duration

130

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 [illegible] DO (M. D. or other)

Address Albany Mo Date signed 3-18-44

7382