

FILED APR 12 1944

Registration District No. 1047

Primary Registration District No. 3028

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
202 W. Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")
(d) Street No. 202 W. Chestnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sara Marietta Betts

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife William C. Betts 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 6 1854
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 23 If less than one day _____ hr. _____ min

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

10. Usual occupation At Home

11. Industry or business None

12. Name George B. McMerrick

13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

14. Maiden name Catharine

15. Birthplace France 5
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mack Betts

(b) Address 202 W. Chestnut, Carthage

17. (a) Burial (b) Date thereof Mar. 31, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Mch. 31 '44 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1944 hour 9:15 minute 8 P.M.

21. I hereby certify that I attended the deceased from Mch - 3 1944 to Mch 29 1944
that I last saw her alive on Mch - 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) gza!

Major findings:
Of operations _____
Of autopsy _____

Duration

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 Elizabeth H. Ketchum (M. D. or other) O
Address 809 Grant St. Carthage Mo Date signed 3/30/44

1203

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

44-3-277

APR 19 1944

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.....

Emmanuel Kneel

Licensed Embalmer No. 391

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.