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FILED MAY 10 1944
Registration District No. 1944

Primary Registration District No. 3053

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Cherokee

(b) City or town Royal

(c) Name of hospital or institution Mr. Farland Memorial
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Cherokee

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

(d) Street No. 601 W 4th
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Laura J. Betz

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

4. Sex F 5. Color or race Wh

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

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

7. Birth date of deceased August 19, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Ludwig Reid

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

14. Maiden name Martha Ballard

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

MOTHER FATHER

16. (a) Informant Mrs Bees Urey

(b) Address 601 W 4th. Royal Mo

17. (a) Burial (b) Date thereof Apr 3 1944
(Burial, cremation, or removal) (Mode) (Day) (Year)

(c) Place: burial or cremation Gate Springs Cem.

18. (a) Signature of funeral director Paul Oak

(b) Address Royal Mo

19. (a) 4-3-44 (b) John W. Walker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1
year 1944 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 30, 1944 to April 1, 1944
that I last saw her alive on April 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cholecytitis

Duration

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

23. Signature John W. Walker (M, D, or other) _____
Address Royal Mo Date signed 4/3/44

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

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 S. b. Nunez
Licensed Embalmer No. 3394
P. O. Address Rolla mo

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

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