S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5520

Registration District No. 30 Primary Registration District No. 40-46 5117A Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Cedar Twp
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Hartsburg, Mo R.F.D.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Betty Lou Colter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
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 Sept. (Month) 23 (Day) 1932 (Year)

8. AGE: Years 12 Months 4 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Ernest E Colter
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary E. Green
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mary E Green
(b) Address Hartsburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasnt Cemt
18. (a) Signature of funeral director Wm C. Burnett
(b) Address Ashland Mo.
19. (a) 3-1-45 (Date received local registrar) (b) H. A. Niemeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6
year 1945 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 1948, to Feb 1948
that I last saw her alive on 2-6 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Convulsions	
Due to Epilepsy	
Due to	
Other conditions (Include pregnancy within 3 months of death) 85	
Major findings: Of operations	
Of autopsy no	

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 C P Meyer (M. D. ~~or other~~)
Address Hartsburg Date signed 2-8-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-13-45

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 Le Roy C Cappool, Registered Apprentice No. 374, working under my personal supervision.

Signed Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.