

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

68 9766

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(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) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 mo years, months or days)

3. (a) PRINT FULL NAME Elizabeth Bethel

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 married
6. (b) Name of husband or wife Walter Bethel 6. (c) Age of husband or wife if alive 14 years (Day) (Year)
7. Birth date of deceased April 14 1876 (Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Daniel S Little

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Mary Owens

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Walter Bethel

(b) Address Clinton mo

17. (a) removal (b) Date thereof 3-13-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Neb

18. (a) Signature of funeral director Consalus + Ben

(b) Address Clinton mo

19. (a) Mar 13-45 (b) Myrtle Browder (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. RR H 5
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 45 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1 1945 to 3-8 1945;
that I last saw him alive on 3-8 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis Duration 3 mo

Due to arterio-sclerosis Hypertension 3 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94 a

Of operations

Of autopsy

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)

23. Signature Edwin Walker (M. D. or other) M.D.

Address Clinton mo Date signed 3-8-45

RECEIVED

EMBALMER No. 7
3-45-279
4-9-45

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. E. Consolman

Licensed Embalmer No. 1891

P. O. Address..... *Clinton, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
63-67
Registrar's No. 63-67

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town Henry Clinton
(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)

3. (a) PRINT FULL NAME

Elizabeth Bethel

3. (b) If veteran, name war

3. (c) Social Security No.

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

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

7. Birth date of deceased April 14 1945
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 2 If less than one day, min.

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

10. Usual occupation housewife

11. Industry or business

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

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)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar year 1945 hour 10 minute 18 M.

21. I hereby certify that I attended the deceased from 1945 to 1945 that I have seen him alive on 1945 and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

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

Major findings:

Of operations

Of autopsy

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?

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

Signature (M. D. or other) Date signed

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

SUPPLEMENTARY

97666