

3050

S. No. 2
M-2-43
7-5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 11 1945

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 268

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 2110 Patches
(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 MO (b) County Marion ⁶⁴

(c) City or town Hannibal ³
(If outside city or town limits, write "RURAL")

(d) Street No. 2110 Patches ⁴
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Betts

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14 year 1945 hour 7 minute 50 PM

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

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

21. I hereby certify that I attended the deceased from 1945 to 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke

Duration _____

8. AGE: Years about 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Paris MO 11
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

Major findings: MIK

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name walker Betts

13. Birthplace Paris MO 0
(City, town, or county) (State or foreign country)

14. Maiden name Larrie Betts

15. Birthplace MO 0
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Ed Riding

(b) Address 2110 Patches

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

17. (a) Burial (b) Date thereof 9-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal MO

19. (a) 9-14-45 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

23. Signature H. P. M. [unclear] (M. D. or other) MD

Address Hannibal MO Date signed 9/14/45

1344

(Licensed Embalmer's Statement on Reverse Side)

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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.