

No. 2
8-43
5-17-39
X37823

FILED DEC 12 1945

Registration District No. **1008**

Primary Registration District No. **1008**

Registrar's No. **233**

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Highway #24 one north of Revere
(If not in hospital or institution, write street number or location)

(d) Length of stay: None (Specify whether In hospital or institution)

In this community years, months or days

3. (a) PRINT FULL NAME EDWARD LESLIE BETZ

3. (b) If veteran, name war None

3. (c) Social Security No. 490-67-0495

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Betz

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Mar-28-1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>8</u>	<u>6</u>	hr. min.

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

10. Usual occupation Lineman

11. Industry or business Missouri Telephone Co.

12. Name Derwitt Betz

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

14. Maiden name Unknown

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

16. (a) Informant Edgar Betz

(b) Address Boonville Mo.

17. (a) Removal (b) Date thereof Dec-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo.

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Boonville Mo.

19. (a) Dec-5-45 (b) Frank Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Ben Bolt Hotel
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 4, year 1945, hour 11, minute 30 P.

21. I hereby certify that I attended the deceased from Coroner's case, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death accident due to fractured skull.

Due to auto accident

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 _____

23. Signature W. Williams (M. D. or other)

Address Boonville Mo. Coroner Date signed 12-5-45

1601 (Licensed Embalmer's Statement on Reverse Side) of Randolph Co. Mo

181
12-48

JAN 21 1945

DEC 19 1945

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.....

R. M. Cater

Licensed Embalmer No.....

4117

P. O. Address.....

Proberly MS

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.

Registration District No. 294

Primary Registration District No. 6008

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

1. PLACE OF DEATH: Randolph
 (a) County Randolph
 (b) City or town Rural
(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 Edward L. Betz
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced 5

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

7. -Birth date of deceased Mar 2, 1885
(Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days _____
(If less than one day)
 hr. _____ min. _____

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

10. Usual occupation _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 9
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec
 year 1945 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death fractured skull, head on collision with a large truck
 Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy no
 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 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) accident
 (b) Date of occurrence 12-4-1945
 (c) Where did injury occur? Benish Randolph Mo.
(City or town) (County) (State)
One Highway 63
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? no (e) Means of injury _____
 23. Signature R Williams (M. D. or other) _____
 Address Coroner Randolph Co. Date signed _____

SUPPLEMENTARY

JAN 21 1971

38283

RECEIVED
FBI
JAN 21 1971