. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38288

Registration District No. ~~3956 6010~~ Primary Registration District No. 294 6010

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly, R.F.D. #2 Sumner
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. Rural Route #2
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Bettie Ella Gully

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 George Gully

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased January (Month) 21 (Day) ~~1876~~ 1877

8. AGE: Years ~~69~~ 68 Months 8 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business .....

MOTHER FATHER

12. Name Joseph Minor

13. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

14. Maiden name Effie Jane Broaddus

15. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. George Gully

(b) Address Randolph County Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/9/1945 (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Allen

(b) Address Huntsville, Mo

19. (a) Oct 9 - 45 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1945 hour 1:55 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from May 1, 1945 to Oct 5, 1945 that I last saw her alive on Oct 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	3 mo
Due to Hypertension	D.K.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 O. W. Dreyer (M. D. or other) MD

Address Huntsville Mo Date signed 10/18/45

1601

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1957

DEC 7 1956

RECEIVED
District Health Officer No. 10
District File Number 11-45-1658
Date Filed NOV 23 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Ala

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.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

Form V. S. 460

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 28288-45

State of Missouri } ss.
County of Randolph }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 3rd day of January, 1957 before me appears, who, upon his oath, states that the original record of ~~birth~~ death for Bettie E. Gully, ~~born~~ died Oct 7, 1945, in the State of Missouri, and which was filed at Jefferson City, Missouri on, 19, should be corrected as follows:

Item No. 7 should read Jan 21 1877
Instead of 1876

Item No. 8 should read 68
Instead of 69

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W. H. Minor Brother
Relationship.
206 Hinton, Moberly, Missouri
Present Address.

Subscribed and sworn to before me this 9 day of January, 1957.

My Commission expires Jan 6, 1960 Notary Public.