S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40377

FILED JAN 2 1946

Registration District No. 1

Primary Registration District No. 5025

Registrar's No.

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Rural, Templeton 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Atchison

(c) City or town Templeton Twp.
(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

3. (a) PRINT FULL NAME Lonzo Judson Bettinger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl Hank Bettinger

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 5 - 20 - 1881 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Dee Bettinger
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Annabell Stoner
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Pearl Hank Bettinger
(b) Address Nishnabotna Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation English Grove Cem

18. (a) Signature of funeral director Bartholomew Mortuary
(b) Address Rock Port, Mo

19. (a) 12-22-45 (Date received local registrar) (b) Betty Crabtree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18 year 1945 hour 11-30 minute P. M.

21. I hereby certify that I attended the deceased from Dec-4, 1945, to Dec-18-, 1945 that I last saw him alive on Dec-13-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	1 wk.
Complicated with paralysis left side, sustained 1943	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J M Davis (M. D. or other)
Address Parkis Mo Date signed 12-22-45

1577

(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 Gratz Bartholomew

Licensed Embalmer No. 2173

P. O. Address Rock Port, 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.