

FILED MAY 31 1946

Registration District No. 16

Primary Registration District No. 4239

State File No.

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town 408 Hearne
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lees Summit
(If not in hospital or institution, write street number or location) /

(d) Length of stay: In hospital or institution 40 yrs
(Specify whether years, months or days)

In this community 40 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Virginia Ray Betts

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

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

(b) Name of husband or wife Chas. Betts

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

7. Birth date of deceased April 1 - 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 8
If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name Robert B. Robinson

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

14. Maiden name Sallie Sweadner

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

16. (a) Informant Mr Ray B. Davis

(b) Address Lees Summit Mo

17. (a) Burial (b) Date thereof 4-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. Indip Mo

18. (a) Signature of funeral director N B Kangerford

(b) Address Lees Summit Mo

19. (a) 4/22/46 (b) Sarah G. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 408 Hearne St
(If rural, give location)

(e) If foreign born, how long in U. S. A? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1946 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-2-46, 1946, to 4-19-46, 1946
that I last saw h eg alive on 4-19-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Hypertensive Nephritis

Due to.....

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 131K

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)

While at work?..... (2) Means of injury.....

23. Signature [Signature] (M. D. or other MD)
Address Lees Summit Date signed 4-19-46

Duration Long
2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 23 1946

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 W. B. Langford
Licensed Embalmer No. 3833
P. O. Address Leis Summit

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, above space should be left blank.