V. S. No. 2
00M—2-43
ev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23494

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3043

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Tate Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs (Specify whether years, months or days)

In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

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

(d) Street No. Quivira Lake
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Matthew T. BETTON

3. (b) If veteran, name war – no

3. (c) Social Security No. none

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 12 (Day) 1871 (Year)

8. AGE: Years 74 Months 11 Days 27 If less than one day hr. min.

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

10. Usual occupation Retired Executive

11. Industry or business Insurance Agency

MOTHER FATHER

12. Name Frank Betton

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

14. Maiden name Susannah Link

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

16. (a) Informant Ernest Betton

(b) Address Quivira Lake, ~~Kansas~~

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, K.C.Ks.

18. (a) Signature of funeral director [illegible]

(b) Address Kansas City, Kansas

19. (a) 7-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1946 hour minute 5 p M.

21. I hereby certify that I attended the deceased from July 1, 1946 to July 9, 1946 that I last saw him alive on July 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 week
Due to: Hypertension	5 yrs
Due to: Arteriosclerosis	15 yrs

Other conditions (Include pregnancy within 3 months of death): no

Major findings: Of operations: no

Of autopsy: no

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 W. B. Casebolt M.D. (M.D., or other)

Address 4000 Baltimore K.C. Mo. Date signed 7/11/46

(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 M. M. Sivisher

Licensed Embalmer No. 3505

P. O. Address K C Kansas

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.