

FILED NOV 13 1946

Registration District No. 10

Primary Registration District No. 3019

Registrar's No. 193

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Barnwell Hospital - O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-week
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME HARRY VAN BETTY

3. (b) If veteran, name war No

3. (c) Social Security No. 211-03-0500

4. Sex M Color or race White

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

6. (b) Name of husband or wife Laura

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 3 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 20
If less than one day hr. _____ min. _____

9. Birthplace Dunklin County Mo - U
(City, town, or county) (State or foreign country)

10. Usual occupation Sales & office Management

11. Industry or business Spullman

12. Name W. B. Betty

13. Birthplace Pickman Co. Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Bill Kernan

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

16. (a) Informant Mrs. Aileen Mullipie

(b) Address Kennett, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10/25/46
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Dunklin

(b) Address Kennett, Mo.

19. (a) 10-30-46
(Date received local registrar)

(b) Earl Husher
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

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

(d) Street No. 102 - East Washington
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23
year 1946 hour 3:05 minute 05 P.M.

21. I hereby certify that I attended the deceased from 10-16, 1946 to 10-23, 1946
that I last saw him alive on 10-23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma stomach from Metastasis of mouth & throat

Due to _____

Due to _____

Other conditions 46B
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature M. R. Pressnell (M. D. _____)

Address Kennett, Mo. Date signed 10-26-46

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

MOTHER FATHER

APR 17 1947

RECEIVED

District Health Office No. 2,

District File Number 1146-1290

Date Filed 11-7-46

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 J. Dalman

Licensed Embalmer No. 2556

P. O. Address Keeseville, 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.