

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43828

FILED MAY 8 1947

Registration District No. 136

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin Missouri
(c) Name of hospital or institution St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME L.F. Betts

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 Widowed

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

7. Birth date of deceased November 9 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 4 12 hr. min.

9. Birthplace No Data W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Hardware Dealer

11. Industry or business _____

12. Name Collins Betts

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

14. Maiden name Ellen Stoniker

15. Birthplace No Data 9
(City, town, or county) (State or foreign country)

16. (a) Informant D.C. Betts (Son)

(b) Address Quapaw

17. (a) Burial (b) Date thereof 3/24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Missouri

19. (a) 3/27/47 (b) Ed D. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Baxter Springs Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 15 th. Military St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1947 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from 3/15 to 3/21 that I last saw him alive on 3/21 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to myocarditis

Due to Emphysema

Other conditions Chronic Retention of urine
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

(e) Means of injury 0

23. Signature Michael J. Jones (M. D. or other)

Address Webb City Date signed 3/27/47

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

47-3-350

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.....

Licensed Embalmer No.

P. O. Address.....

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.