

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1947

Registration District No. 323

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4480

State File No. 33390

Registrar's No. 105

1. PLACE OF DEATH:

(a) County SENYLVA.
(b) City or town GREEN TOP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME VINNIE L. BETTS.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased May 13 1906
(Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 23 If less than one day hr. min.

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

10. Usual occupation NURSE

11. Industry or business

12. Name E. J. Betts 13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Angela Cooper 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. J. Betts (b) Address Brushier, Mo.

17. (a) Burial (b) Date thereof Sept 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plains Ridge Cem.

18. (a) Signature of funeral director F. T. R. Gash (b) Address Brushier, Mo.

19. (a) Sept 24-47 (b) E. J. Betts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Schenck
(c) City or town Greentop 98
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6
year 1947 hour 8:14 minute PM

21. I hereby certify that I attended the deceased from 9-6-47
to Sept 7 1947
that I last saw him alive on 9-6-47
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction
causing heart failure

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 118

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?

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature [Signature] (M. D. or other) 2
Date signed Sept 24 1947

DEC 1 1948
SEP 17 1948

RECEIVED
District Health Officer No. 10
District File Number 9-49-13224
Date Filed SEP 30 1947

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.....

Richard B. Keay....., Registered Apprentice No. 467
working under my personal supervision.

Signed L. B. Casey Jr......

Licensed Embalmer No. 3955

P. O. Address Hurdland 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.