S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 10 1947

Registration District No. 133

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5483

State File No. 34264

Registrar's No. 83

1. PLACE OF DEATH:

(a) County: Harrison

(b) City or town: Bethany Township (Rural)
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Harrison 41

(c) City or town: Bethany Township (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: Dora Justice

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Alfred Justice

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: May (Month) 17 (Day) 1872 (Year)

8. AGE: Years 75 | Months 4 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Harrison County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: .....

MOTHER FATHER

12. Name: Nathan Martz

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

14. Maiden name: Letitia Walker

15. Birthplace: Iowa
(City, town, or county) (State or ~~foreign country~~)

16. (a) Informant: Alfred Justice

(b) Address: Bethany, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 18, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Pythian Cemetery

18. (a) Signature of funeral director: Joe E. Wheeler

(b) Address: Bethany, Mo

19. (a) Oct. 30 '47 (Date received local registrar) (b) Iva Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1947 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1938, 19..., to Oct 15 1947 that I last saw her alive on Oct 14 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	15 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 0

23. Signature: W. J. Boyle (M. D. or other)

Address: Bethany Mo Date signed: 10/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.