

FILED OCT 27 1947

Registration District No. 164

Primary Registration District No. 2032

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Johnson

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

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

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

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. RFD 1 Knobnoster Mo.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laban Chapman Bethel

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15  
year 1947 hour 12:30 minute A M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elsie May Bethel

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

7. Birth date of deceased October 1 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7 1947 to Oct 15 1947  
that I last saw him alive on Oct 15 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 7 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>14</u>	.....hr. ....min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Quincy Ill.  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: 938  
Of operations \_\_\_\_\_

11. Industry or business Farming

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

12. Name William Henry Bethel

13. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Fisher

15. Birthplace Unknown Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Raymond Davis

(b) Address Knobnoster Mo.

17. (a) Burial (b) Date thereof 10/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg Cem.

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Oct. 17, 1947 (b) Laban Chapman Bethel  
(Date received local registrar) (Registrar's signature)

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

23. Signature Laban Chapman Bethel (M. D. or other)

Address Warrensburg Mo. Date signed Oct 17 1947

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

57  
2  
2

NOV 3 1948

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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 P. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.