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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34935**

FILED OCT 29 1947

Registration District No. **175**

Primary Registration District No. **4277**

Registrar's No. **93**

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Verona, Mo.
(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 67 years (years, months or days)

3. (a) PRINT FULL NAME Anna B. (Browning) Betsel

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 Widowed

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

7. Birth date of deceased Jan 28, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 9 If less than one day hr. _____ min. 0

9. Birthplace Green County (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George W. Letterman

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

14. Maiden name Julia (presumably) Miller

15. Birthplace Jackson Co. (City, town or county) (State or foreign country)

16. (a) Informant Mrs. Frances Smalley

(b) Address Verona, Mo.

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

(c) Place: burial or cremation Spring Hill Cemetery

18. (a) Signature of funeral director Walter L. Marsh

(b) Address Verona, Mo.

19. (a) Oct 22 47 (b) Ora Mc Nath
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Verona, Mo.
(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 Oct day 7
year 1947 hour 9 minute 00 P. M.

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

Immediate cause of death Atherosclerosis

Due to _____

Due to _____

Other conditions Paroxysmal Ventricular Tachycardia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 97

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 L

23. Signature F. Avery Watson (M. D. or other) M.D.

Address Verona, Mo. Date signed 10-15-47

RECEIVED

District Health Officer No. 6;

District File Number 1047-113 S

Date Filed ~~OCT-28-1947~~

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.....

Myself
working under my personal supervision.

....., Registered Apprentice No. 85

Signed..... Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora 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.