DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44268

Registration District No. 133 | Primary Registration District No. 3022 | Registrar's No. 110

1. PLACE OF DEATH:

(a) County Harrison

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

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

(d) Length of stay: In hospital or institution 3 Wks. (Specify whether years, months or days)

In this community 3 Wks.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Marcus Byrn Fetty

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 Nellie Stephens

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

7. Birth date of deceased July (Month) 7 (Day) 1868 (Year)

8. AGE: Years 79 | Months 5 | Days 6 | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Edward G. Fetty
13. Birthplace Unknown (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Cornelia Schrock
15. Birthplace Browning (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Mrs. Raymond Maddox

(b) Address Albany, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation Linneus, Mo

18. (a) Signature of funeral director Clifford Brooks

(b) Address Albany, Mo

19. (a) Dec. 13-47 (Date received local registrar) (b) Zola Burres (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1947 hour 3 minute 05 A M.

21. I hereby certify that I attended the deceased from Nov 13, 1947, to Dec. 12, 1947; that I last saw him alive on Dec 12, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis or accident	few mins
Due to Previous accident	1 mo
Due to Hypertensive heart disease	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to 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

23. Signature Merriam Gearhart (M. D. or other)

Address Bethany Mo Date signed 12-13-47

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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 mo, Registered Apprentice No., working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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, above space should be left blank.