. No. 2
-11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 30 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11279

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yr 9 mo 17 day (Specify whether)
In this community 3 years 9 months 17 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
(c) City or town Horton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME BETTY GILLEN

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased 3 — 31 — 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife 0

11. Industry or business Home

FATHER
12. Name Unknown 9
13. Birthplace ✓ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace ✓ (City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
(b) Address Hospital Records, Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 — 25 '48 (Month) (Day) (Year)
(c) Place: burial or cremation Ball Town Cemetery

18. (a) Signature of funeral director Allen V Hays
(b) Address Nevada Mo

19. (a) 3-26-48 (Date received local registrar) (b) Kathryn Vandy (Registrar's signature) 331

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 — day 23 year 1948 hour 7 minute a M.

21. I hereby certify that I attended the deceased from 8-19 — 1944, to 3-23 — 1948, that I last saw her alive on 3-22 — 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile deterioration ✓	
Due to ✓	
Due to ✓	
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 0

23. Signature R G Hall (M. D. or other)
Address Nevada Mo Date signed 3-23-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-311
Date Filed 3-29-48

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 Bert B. Bennett, Registered Apprentice No. 83 working under my personal supervision.

Signed Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.