S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19256

FILED JUL 6 1948

Registration District No. 133 — Primary Registration District No. 3022 — Registrar's No. 49 49

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 Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 dos. (Specify whether
In this community all of Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison 41
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jennie Dean Courter
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 Helsep Courter
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb (Month) 20 (Day) 1897 (Year)

8. AGE: Years 51 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Harrison County (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Andrew Morris
13. Birthplace Buchanan Co (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Addie Thomas
15. Birthplace Harrison City (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Helsep Courter
(b) Address Bethany Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9 (Month) (Day) 1948 (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Joe E Wheeler
(b) Address Bethany Mo
19. (a) June 12-48 (Date received local registrar) (b) Zola Burris (Registrar's signature) 1/10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948 hour 3 minute 25 A.M.
21. I hereby certify that I attended the deceased from May 15, 1948 to June 7, 1948 that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Primary carcinoma left kidney with metastasis pancreas bowel, chest, lung	6 mo.
Due to: Liver.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 55

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 Merriam Gearhart (M. D. or other) MD
Address Bethany Date signed 6/11/48

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

VS APR 21 1960

VS APR 11 1960

VS MAY 24 1960

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.