

No. 300
M-10-47
v. 5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19892

FILED JUN 16 1948

State File No.

Registration District No. 155

Primary Registration District No. 5580

Registrar's No. 85

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural, Twin Groves Township
(c) Name of hospital or institution: 2 Miles N West of Carl Junction, Mo
(d) Length of stay: Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Ellen Betz
(b) If veteran, name war
(c) Social Security No.

4. Sex F Color or race W
5. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife L. P. Betz
7. Birth date of deceased Feb 18 1872 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Farming

12. Name Levi Brown
13. Birthplace Pike Co Ill (City, town, or county) (State or foreign country)

14. Maiden name Lucretia Raffety
15. Birthplace Pike Co Ill (City, town, or county) (State or foreign country)

16. (a) Informant Joe Betz
(b) Address Carl Junction Mo R1

17. (a) Burial (b) Date thereof 6-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction, Missouri

18. (a) Signature of funeral director Joe Honey
(b) Address Carl Junction, Mo

19. (a) JUN 9 1948 (Date received local registrar)
(b) Registrar's signature (Date signed)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carl Junction Rural
(d) Street No. 2 Miles N West Carl Junction
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

20. DATE OF DEATH: Month June day 7 year 1948 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from Sept 29 1948 to May 24 1948
that I last saw her alive on May 24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Disease Duration 1 year

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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) (c) Means of injury
Signature O. L. Alberty
Address Carl Junction, Mo Date signed June 9 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine 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.