FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22305

Primary Registration District No. 5134

Registrar's No. 733

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St Joseph Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maxwell Heights R F D 31
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: abt 52 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Buchanan

(c) City or town: St Joseph RURAL
(If outside city or town limits, write "RURAL")

(d) Street No.: R F D # 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: RODERICK R. McBETH

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no

4. Sex: M. O

5. Color or race: Wht

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Fannie.

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

7. Birth date of deceased: Nov (Month) 11 (Day) 1859 (Year)

8. AGE: Years 88 Months 7 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace: Iowa (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Carman

11. Industry or business: U. P. R. R.

FATHER
12. Name: Do Not Know
13. Birthplace: Do Not Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Cameron
15. Birthplace: Do Not Know (City, town, or county) (State or foreign country)

16. (a) Informant: W. D. Luthrell
(b) Address: St Joseph Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof: 7-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem

18. (a) Signature of funeral director: Stanley Funeral Home
(b) Address: St Joseph Mo

19. (a) 7-13-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 38

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th. year 1948 hour 4:50 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-48 ~~7-7~~, 19..., to 7-7-48, 19...; that I last saw him alive on 7-5-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1 wk
Due to: Arteriosclerosis General	?
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 .....

23. Signature: K C Senne (M. D. or other)

Address: 207 R & S Bldg, St. Joseph Mo. Date signed: 7-9-48

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

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.....

Licensed Embalmer No. 2435

P. O. Address.....

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, fact should be so stated above.