

FILED APR 18 1947

Registration District No. **4213**

Primary Registration District No. **4213**

Registrar's No. **91**

1. PLACE OF DEATH:

(a) County **HENRY**
Montrose CLATSOP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **66 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Henry 42**

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

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

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-**

3. (a) PRINT FULL NAME **BARNEY JOHN BETTELS**

(b) If veteran, name war **-**

3. (c) Social Security No. **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **4**
year **1947** hour **4** minute **30** P.M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced, **married**

6. (b) Name of husband or wife **Minnie Bettels** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased: **9** (Month) **1** (Day) **1867** (Year)

21. I hereby certify that I attended the deceased from **July 9** 19**46** to **Apr 2** 19**47**
that I last saw him alive on **Apr 2** 19**47**
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | 79 | 7 | 3 | hr. min. |

Immediate cause of death: **Cerebral hemorrhage**

Due to: **arteriosclerosis**

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

10. Usual occupation: **Germany**

Due to: **-**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: **83A**

11. Industry or business

12. Name **Francis Bettels**

13. Birthplace: **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Bertrude**

15. Birthplace: **Germany** (City, town, or county) (State or foreign country)

Of operations: **-**

Of autopsy: **-**

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant **Mrs. Rose Judge**
(b) Address **Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **4-6-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Montrose Catholic cemetery**

18. (a) Signature of funeral director **Fred Wilkinson**
(b) Address **Clinton R. Kenney**

19. (a) **4-6-47** (b) **R. R. Kenney**
(Date received local registrar) (Registrar's signature)

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 **W. E. Baggerly** (M. D. or other) **MO**
Address **Montrose Mo** Date signed **4-6-47**

120

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

2
0
0

RECEIVED
District Health Officer No. 7,
District File Number 3-47-444
District File Number 4-17-42
Date Filed

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.....
Fred E. Wilkinson Jr., Registered Apprentice No. 434
working under my personal supervision.

Signed F. E. Wilkinson

Licensed Embalmer No. 4376

P. O. Address Clinton 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.