

FILED MAY 13 1940

Registration District No.

Primary Registration District No. 4192

Registrar's No. 317

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 60 years 300

3. (a) PRINT FULL NAME MARY ELIZA BETHEL

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife B. B. Bethel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 18 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Murry County Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Annish Kitchens

13. Birthplace Franklin Co. Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McLean

15. Birthplace Lansburg Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Kitchens

(b) Address Springfield Mo. Route 4

17. (a) Burial (b) Date thereof April 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Republic, Mo.

18. (a) Signature of funeral director G. C. Plummer

(b) Address Springfield Mo.

19. (a) Apr. 3 1940 (b) Mrs. Bethea Nance
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Republic
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1940 hour 9:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 31 1940, to April 1 1940,
that I last saw her alive on April 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Senility

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? _____

23. Signature G. F. Cooper (M. D. or other) _____
Address Clover, Mo. Date signed 4/3/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

9
2
0

~~GREENE COUNTY HEALTH OFFICER,
Special Agent, Bureau of the Census,
SPRINGFIELD, MISSOURI~~

RECEIVED

Greene County Health Office,

County File Number 40-5-19

Date Filed 5-6-40

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 R. H. Thiemer

Licensed Embalmer No. 3681

P. O. Address Springfield, 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, above space should be left blank.