DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11050

Registration District No. 411 Primary Registration District No. 5569 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) ~~City or town~~ Joplin - Rural - Galena
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 Miles NE of Joplin - R.3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 9 weeks /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural - Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles NE of Joplin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Dorothy Jeanette Bettes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased January (Month) 19 (Day) 1941 (Year)

8. AGE: Years 0 Months 2 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace NE of Joplin (City, town, or county) Missouri (State or foreign country)

10. Usual occupation XXX

11. Industry or business XXX

FATHER
12. Name Everett Bettes
13. Birthplace Pittsburg (City, town, or county) Kansas / (State or foreign country)

MOTHER
14. Maiden name Lorene Carter
15. Birthplace Pittsburg (City, town, or county) Kansas / (State or foreign country)

16. (a) Informant Everett Bettes
(b) Address Joplin Mo. 372

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut Mud Co.
(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 3-31-41 (Date received local registrar) (b) Ed S Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March X day 30 year 1941 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 29-41 March 30, 1941, to ___, 19___; that I last saw her alive on March 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lectarrhal pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to 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 V. E. Kenney (M. D. ~~or other~~)

Address Joplin, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

41-4-330

107

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.

Baby not embalmed.

Signed.....

Licensed Embalmer No.....

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.

S. No. 2B
0—4-25-41
I X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 110 50

Registration District No. 411 Primary Registration District No. 5569 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin T.P.
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Dorothy Jeanette Bettes
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months 2 Days 11 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
FATHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to Influenza	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to 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 W. E. Kinney (M. D. or other)
Address Joplin Mo. Date signed

1991
S-11050