No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30911

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 291

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville Village
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby 102

(c) City or town Bethel 0
(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.? 1 years.

3. (a) PRINT FULL NAME Mrs Bessie Wetzel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. G. Wetzel

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

7. Birth date of deceased July (Month) 10 (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	60	4	—	hr. min.

9. Birthplace Shelby County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James S. Hamilton
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Lula Parsons
15. Birthplace Shelby County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. H. R. Glasoock
(b) Address Brookfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hebron Cemetery

18. (a) Signature of funeral director C. W. Musgrove
(b) Address Bethel, Mo.

19. (a) Oct. 21/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1941 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 28, 1941, to Oct 10, 1941; that I last saw her alive on Oct 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
Due to Rupture of gangrenous gall-bladder.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

1278

Major findings:
Of operations Ruptured gall bladder.
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 Carl Laughlin Jr. (M. D. or other) DO
Address Kirksville, Mo Date signed 10-12-41

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 3 1941

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 Sely, Registered Apprentice No. ..... working under my personal supervision.

Signed C W Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.