V. S. No. 2
50M—5-42
Rev. 5-17-39
Sec I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 40215

Registrar's No. 1254

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

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: 2847 Jules Street 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Not (Specify whether years, months or days)

In this community: 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph, 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 3001 Felix Street 7
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Carlos Erasmus Betts

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

3. (c) Social Security No.: None

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Susan Belle Betts

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: February (Month) 12 (Day) 1856 (Year)

8. AGE: Years 86 Months 10 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace: Northumberland Co. (City, town, or county) Virginia 1 (State or foreign country)

10. Usual occupation: Retired Insurance Agent

11. Industry or business:

MOTHER FATHER

12. Name: T. R. Betts

13. Birthplace: Unknown (City, town, or county) Virginia 1 (State or foreign country)

14. Maiden name: Caroline E. Hanley

15. Birthplace: Unknown (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant: J. A. Betts - (Son)

(b) Address: 3001 Felix St., St. Joseph, Mo.

17. (a) Rec. Vault (Burial, cremation, or removal) (b) Date thereof: 12-8-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Mora Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 13th. & Faraon St., St. Joseph, Mo.

19. (a) 12-8-42 (Date received local registrar) (b) Rose Hegoz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th. year 1942 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from ____, 19____, to Dec. 6, 19 42; that I last saw him alive on Dec. 6, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Heart Disease (Immediate death)	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94	
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: J. J. Chiavolino (M. D. or other) M. D.

Address: St. Joseph, Mo. Date signed: 12/7/42

(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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.