

FILED JUN 7 1944  
Registration District No. 2914

Primary Registration District No. 1000

Registrar's No. 562

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:  
2201 Goff Ave.  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

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

(d) Street No. 2201 Goff Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM J. BETTIS

3. (b) If veteran, name war none

3. (c) Social Security No. 497-12-2451

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Neva F. Bettis

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 27 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 6 2 hr. min.

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

10. Usual occupation Ret. clerk Storage Dept.

11. Industry or business St. Joseph Light & Power

12. Name Barton B. Bettis

13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Wm J. Bettis

(b) Address 2201 Goff Ave.

17. (a) burial (b) Date thereof 6/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Nelson Bettis & Bowman

(b) Address 319 South 10th

19. (a) 5/31/44 (b) Nelson L. Beebe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1944 hour 12 minute 02 P. M.

21. I hereby certify that I attended the deceased from May 3 1944 to May 29 1944  
that I last saw him alive on May 29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, thrombosis, chronic arteriosclerosis, general & kidney disease  
Due to arteriosclerosis of the heart & kidney disease

Due to Starvation

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

Co. 131a

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature W. Leroy M.D. (M. D. or other)  
Address St. Joseph, Mo. Date signed 5-31-44

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

Dr. Earl Senor  
702 1/2 Francis

**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 Frank A. Gorman

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.**