

FILED JAN 17 1945
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
4 days
 (d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME EMIL G. BETZLER
 (b) If veteran, name war No
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 30
 year 1944 hour 4 minute A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 (b) Name of husband or wife Nell
 (c) Age of husband or wife if alive 1884
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-26-44
 to 12-30-44
 that I last saw him alive on 12-29-44
 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 4 Days 20
 If less than one day _____ hr. _____ min.

Immediate cause of death Embolic ? m.m.o.
 Duration minutes

9. Birthplace Carrollton Mo.
(City, town, or county) (State or foreign country)

Due to Auriculla fibrillata
Pseudo Brucella
 Due to Cardio decompensatio acuta
pancreatica
 1+ yrs.

10. Usual occupation Restaurant Operator

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

MOTHER FATHER { 11. Industry or business Self
 12. Name Emil Betzler
 13. Birthplace Carrollton Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Wilson
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 0 95a
 Of autopsy 0
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant H. J. Betzler
 (b) Address Lexington, Ky.

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? _____

17. (a) Burial (b) Date thereof Jan. 2, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wash

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address _____
 19. (a) 12-31-44 (b) D.E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury 0 MD
 23. Signature Frank B. ... (M. D. or other)
 Address 924 P. ... Date signed 1-1-45

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

79
63
8

Dr. Frank Leidy

June 1

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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.