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M-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9165

FILED APR 15 1946

State File No. _____

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany

(c) Name of hospital or institution: Bethany Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community all of life
years, months or days

3. (a) PRINT FULL NAME Bettie Stotts

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 — ()

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 3 1941
(Month) (Day) (Year)

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

4 11 5 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Mame Stotts

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

16. (a) Informant Wesley Stotts

(b) Address Bethany Mo.

17. (a) Burial (b) Date thereof Mar 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo.

19. (a) March 13-1946 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

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

(d) Street No. Dallas Exp.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1946 hour 10 P.M. minute 13 P.M.

21. I hereby certify that I attended the deceased from Feb. 3, 1946, to March 8, 1946;
that I last saw her alive on March 8, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Pneumonia Duration 12 days

Due to Influenza infection

Due to _____

Other conditions Secondary acute Chronic Bacterial Endocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none 23a

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 Thomas V. Robb (M. D. or other) 23a

Address Bethany Mo. Date signed 3/13/46

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

8092

116

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address. *Bethany 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.