S. No. 2
1—8-43
5-17-39
I X37825

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

Dr. Freeman

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12823

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 337

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 910 E. Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 3½ Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Rural Springfield, Twp. 39 N. Campbell
(If outside city or town limits, write "RURAL")
(d) Street No.: Route # 2 Box 88
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Ellen Bethel
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: Feb. (Month) 11 (Day) 1853 (Year)
8. AGE: Years 93 Months 2 Days 7 If less than one day ____ hr. ____ min.
9. Birthplace: Montgomery County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Home
11. Industry or business ____
MOTHER FATHER
12. Name: Robert Bethal
13. Birthplace: UNK. (City, town, or county) UNK. (State or foreign country)
14. Maiden name: Sarah Jane Bailey
15. Birthplace: UNK. (City, town, or county) England (State or foreign country)
16. (a) Informant: Mrs. Chestena Keithly
(b) Address: Springfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4/20/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Medford, Oregon
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 4-20-46 (Date received local registrar) (b) Dr W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1946 hour 3 minute 45 p.m.
21. I hereby certify that I attended the deceased from Jan. 8, 1946, to April 18, 1946 that I last saw h[illegible] alive on April 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cer Senility	4 yrs
Due to:	
Due to:	
Other conditions: Senile Dementia (Include pregnancy within 3 months of death)	2 yr

Major findings:
Of operations: ____
Of autopsy: no

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. F. Freeman (M. D. or other)
Address: Springfield, Mo. Date signed: 4/19/46

(Licensed Embalmer's Statement on Reverse Side)

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

11728

JUN 3 1946

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

Roy H. Mercer, Registered Apprentice No. 380,

working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.