

FILED APR 17 1946

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
320 Fulton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 47 years
years, months or days

3. (a) PRINT FULL NAME Bettie Stwookey Mooneyham

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert A. Mooneyham 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 18, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James M. Stwookey

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

14. Maiden name Heneretta D. Hudson

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

16. (a) Informant Robert A. Mooneyham

(b) Address 320 Fulton St.

17. (a) Burial (b) Date thereof 4-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) 4-3-46 (b) E. B. Clinton, D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 306 W 6th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1946 hour 3 minute _____ P.M.

21. I hereby certify that I attended the deceased from Oct 21, 1945 to Apr 1, 1946
that I last saw him alive on Mar 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death General paralysis of insane
Due to _____
Due to _____

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

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? _____

While at work _____ (Specify type of case) Means of injury _____
23. Signature R. A. Webster (M. D. or other) _____
Address Carthage, Mo Date signed 4-27-46

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

MOTHER FATHER

46-3-229

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 *John J. Penney*
Licensed Embalmer No. *4194*
P. O. Address *Carthage, 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.