

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUN 10 1946

Registration District No. **42** Primary Registration District No. **1000**

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:
St. Josephs Hospital *0*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 hours 40 mi**
(Specify whether years, months or days)
 In this community **10 hours 40 minutes**

3. (a) PRINT FULL NAME **Betty Joe Settle**
 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 **single** *0*
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **May 6 1946**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day:
	0	0	0	10 hr. 40 min.

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **new born baby**

11. Industry or business _____
MOTHER FATHER {
 12. Name **Otto Settle**
 13. Birthplace **St. Joseph Missouri** *0*
(City, town, or county) (State or foreign country)
 14. Maiden name **Naomi Tompkins**
 15. Birthplace **St. Joseph Missouri** *0*
(City, town, or county) (State or foreign country)

16. (a) Informant **Otto Settle**
 (b) Address **St. Joseph, Mo.**
 17. (a) **burial** (b) Date thereof **5/7/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Mora Cemetery**

18. (a) Signature of funeral director **Heater Bettle & Gorman**
 (b) Address **St. Joseph, Mo.**
 19. (a) **May 11-1946** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan** *11*
 (c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
 (d) Street No. **821 North Noyes**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **6th**
 year **1946** hour **1** minute **30** P. M.
 21. I hereby certify that I attended the deceased from **May 6, 1946** 19____ to **May 6, 1946** 19____;
 that I last saw her alive on **May 6, 1946** 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth** *crn*
unknown
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____
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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) (Means of injury)
 23. Signature **[Signature]** (M. D. or other) _____
 Address **Per Warrent Mo** Date signed **5-7-46**

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

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Working Body

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..... *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *519 S. 10th 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.