V. S. No. 2
0M—8-43
rv. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10011

Registration District No. 77 — Primary Registration District No. 3016 — Registrar's No. 293

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 111 A E. McCarty St.
(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: 4yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole

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

(d) Street No.: 111 A E. McCarty St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Bettie Meng McGuire Northway

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: Widowed

6. (b) Name of husband or wife: Morris Edson

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

7. Birth date of deceased: April 7, 1857 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	8	21	hr. min.

9. Birthplace: Johnston Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Dr. George Meng

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

14. Maiden name: Zerelda Carter

15. Birthplace: Ky. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Wm. Z. Baldwin

(b) Address: Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/29/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Pleasant Cemetery

18. (a) Signature of funeral director: Victor Buschke

(b) Address: Jefferson City, Mo.

19. (a) 12-28-46 (Date received local registrar) (b) R. P. Harris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1946 hour 2:15 minute a M.

21. I hereby certify that I attended the deceased from Dec 24, 1946 to Dec 28, 1946 that I last saw her alive on Dec 27, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Senility - Arteriosclerosis	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: John W. McHaney MD (M. D. or coroner)

Address: Jefferson City, Mo. Date signed: 12/28/46

(Licensed Embalmer's Statement on Reverse Side)

1-8

RECEIVED
District Health Officer No. 9,
District File Number 7
JAN 7 1947
Date Filed

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.