

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6521

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 576
(b) Township 1 Primary Registration District No. 2001 Registered No. 117
(c) City SPRINGFIELD (d) Street No. 816 S. Missouri St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 816 So Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Widowed
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsorville Ky13. NAME Fed Mathes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa15. MAIDEN NAME Mathes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa17. INFORMATION (ADDRESS) 816 So Mo Springfield Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Woodsbury Sep 11 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. A. George20. FILED Feb 10 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 193922. I HEREBY CERTIFY, That I attended deceased from 11/25/38, 19, to 2/8/39, 19.

I last saw her alive on 2/8/39, 19. Death is said to have occurred on the date stated above, at 3:30 PM.
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration

Date of onset

Other contributory causes of importance: 93CSenilityName of operation none Date ofWhat test confirmed diagnosis? -- Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. D. Jennings, M.D.(Address) Springfield Mo

STATEMENT TO BE FILED WITH THE LICENSE
OF THE EMBALMER OF THE STATE OF ILLINOIS
MADE BY THE EMBALMER

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,

me

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

M. R. Canaday

Licensed Embalmer No.

5434

P. O. Address

Springfield, Ill.

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, above space should be left blank.