

AUG 11 1939

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

25966

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Madison Primary Registration District No. 5564  
(c) City ..... (d) Street No. .... 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.

Registered No. 1472. PRINT FULL NAME Matilda Hahn Fadler

(a) Residence, No. Route #1, Carthage St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Joseph Fadler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
88 0 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Perryville   
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Joshua Hahn

14. BIRTHPLACE (CITY OR TOWN) Missouri   
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Susan Bass

16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT George Fadler  
(ADDRESS) Route #1, Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Fasken Cemetery DATE 7-30 1939

19. FUNERAL DIRECTOR (NAME) Ulmar Funeral Home  
(ADDRESS) Carthage, Mo.

20. FILED July 29, 1939 E. J. McEntire, M.D.  
Local Registrar. 1515

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 27, 1939  
I first saw her alive on July 26, 1939. Death is said to have occurred on the date stated above, at 7:30 a. m.  
The principal cause of death and related causes of importance were as follows:

ArteriosclerosisMitral Insufficiency July 26, 1939

Other contributory causes of importance:

SenilityDate of onset  
1935

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
If so, specify .....  
(Signed) Lloyd B. Clenton M. D.  
304 Grant St.  
Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH CARE AND PRECISION—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 839-1607

Date Filed AUG 9 1939

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**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..... *E. J. ...*

Licensed Embalmer No. 2722

P. O. Address.....

**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.**