FILED MAR 12 1940

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

7994
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois 0 Registration District No. 33
(b) Township Randolph Primary Registration District No. 6024B Registered No. 3
(c) City Leadwood (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.

2. PRINT FULL NAME 320 Rose Lee Mathes
(a) Residence, No. Leadwood 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Mathes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 9, 1891
7. AGE: YEARS 48 MONTHS 5 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

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) 2-15-40
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

FATHER
13. NAME: Wright Asher 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER
15. MAIDEN NAME: Mary Ann Worley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): John Mathes, Leadwood, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Adams Cemetery DATE 2/25, 1940
19. FUNERAL DIRECTOR (ADDRESS): J. S. Boyer & Son, Leadwood, Mo
20. FILED 3/10-2/10, 1940 W. E. Aubuchon, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1939, to 2-23, 1940
I last saw her alive on 2-23, 1940 Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
auricular Fibrillation	all
chronic myocarditis	several
chronic nephritis	years
arterial Hypertension	
arterial Sclerosis	

Other contributory causes of importance:

cardiac Decompensation c̄	4 mo
general avasarca	

Name of operation None Date of .....
What test confirmed diagnosis physical exam 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) Paul L. Jones, M. D.
(Address) Flat River, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2. 50M-7-20-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Bert L Boyer

Licensed Embalmer No. 36445

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.)