

DEC 14 1940

Registration District No. 247 Primary Registration District No. 3018 Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: same
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 years _____
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Mattie Rothwell Mayer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Archibald S. Mayer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 22 - 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Johnson Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name James C. Rothwell

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

14. Maiden name Mary Ramsey

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

16. (a) Informant Nellie Hunt (b) Address Clinton Mo

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) Nov. 26, 1940 (b) W. G. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton
(If outside city or town limits write "RURAL")

(d) Street No. 504 S 2
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 th
year 1940 hour 4 minute 45 M.

21. I hereby certify that I attended the deceased from 1938
_____ 19 _____, to Nov. 16 _____, 1940

that I last saw her alive on Nov 16 _____, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Arteriosclerosis of heart.
Due to Senility

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. G. R. Hampton (M. D. or other) 3
Address Clinton Mo Date signed Nov 19 1940

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7!

District File Number 12-40-1779

Date filed 12-12-40

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

Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Clinton, 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, above space should be left blank.