

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40021

Registration District No. 887 Primary Registration District No. 4538

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

1. PLACE OF DEATH

(a) County WASHINGTON

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community 40 years. _____ (Specify whether)

years, months or days 2

3. (a) PRINT FULL NAME ROSE MATHEWS.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

5. Color or race COLORED

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WALLACE MATHEWS.

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

7. Birth date of deceased DECEMBER 22 - 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE KEEPING 0

11. Industry or business 0

12. Name HENRY MATHEWS. 9

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

14. Maiden name MARTHA SMITH

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

16. (a) Informant MRS. FERECCA VAUGHN

(b) Address POTOSI Mo.

17. (a) BURIAL (b) Date thereof 10/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POTOSI Mo.

18. (a) Signature of funeral director J. B. Bayne

(b) Address POTOSI Mo.

19. (a) DEC 10 40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON

(c) City or town POTOSI Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 - day 23 -
year 1940 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-1 1940 to 10-23 1940
that I last saw her alive on 10-20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to arterio-sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) GIN

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Joseph L. Reuman (M. D. or _____)

Address Potosi, Mo. Date signed 10-24-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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. ~~4158~~
working under my personal supervision.

Signed _____

Licensed Embalmer No. 4158

P. O. Address Potosi 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.