

FD JAN 25 1941

Registration District No. **677**

Primary Registration District No. **4403**

Registrar's No. **145**

1. PLACE OF DEATH:

(a) County **Phelps**
(b) City or town **Wells**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **McFarland Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME **Shirley Ann Mathes**

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased **May 15 1939**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 18 hr. _____ min.

9. Birthplace **Bush Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Oscar Benjamin Mathes**
13. Birthplace **Bunker Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Edna Gertrude Harbison**
15. Birthplace **Energy Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Oscar Mathes**

(b) Address **Bush, Missouri**

17. (a) **Burial** (b) Date thereof **Dec 5 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bush mo**

18. (a) Signature of funeral director **R. J. Quisenberry**

(b) Address **Bush mo**

19. (a) **Dec. 4, 1940** (b) **Jos. F. Ayers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **3**
year **1940** hour **1:15** minute **9** a.m.

21. I hereby certify that I attended the deceased from **Dec 2** 19**40**, to **Dec 3** 19**40** that I last saw her alive on **Dec 3** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death - **Pneumonia, Septicemia (staph.), Lymphangitis**
Duration **2 da**
4 da
5 da

Due to **3**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **101**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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? **no**

While at work? **no** (Specify type of place) (e) Means of injury _____

23. Signature **Jos. F. Ayers** (M. D. or other)

Address **Bush mo** Date signed **12/3/40**

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

RECEIVED

District Health Officer No. 5.

District File Number 1240/229

Date Filed _____

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 _____

Licensed Embalmer No. _____

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.