

JAN 25 1941 872
Registration District No.

Primary Registration District No. **6156A**

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Wido MO Reservoir Park
(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 30 years
years, months or days) _____

3. (a) PRINT FULL NAME MATHEW HARVEY A FLEN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased April 1 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 31 If less than one day 5 hr. 30 min.

9. Birthplace Vernon co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business 9

12. Name Matthew Laffler

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

14. Maiden name Sesabeth Laffler

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

16. (a) Informant Len Laffler

(b) Address Wido

17. (a) Burial (b) Date thereof Jan 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wido Mo

18. (a) Signature of funeral director E B Bunn & Son
(b) Address Sheldon Mo

19. (a) Jan 2 1941 (b) Mrs B. B. Earl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Wido MO
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1940 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 1940 to Dec 8 1, 1940
that I last saw him alive on Dec 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Voluntary Muscles
Duration second year

Due to _____

Due to _____

Other conditions A 2 W
(Include pregnancy within 3 months of death)

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) _____
(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 C. L. Keithly (M. D. or other) _____
Address Wido Mo Date signed 1-2-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 1-41-139

Date Filed 1-20-41

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. ~~2385~~

working under my personal supervision.

Signed Carroll T. Beevy

Licensed Embalmer No. 2385

P. O. Address Sheldon N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.