

Registration District No. 655

Primary Registration District No. 5872

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Steubenville  
(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 1 (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

8. (a) PRINT FULL NAME Paul Edward Mathenia  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 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 Sept 7 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 3 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hester Mathenia  
13. Birthplace Steubenville Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Pauline Miller  
15. Birthplace Pemiscot Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Hester Mathenia  
(b) Address Steubenville Mo  
17. (a) Burial (b) Date thereof 1-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation not given

18. (a) Signature of funeral director Herman Mutt. Co.  
(b) Address Steubenville Mo

19. (a) 2/9/41 (b) S. S. Robinson  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot  
(c) City or town Steubenville (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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3  
year 41 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1-1-41  
1-3 1941 to \_\_\_\_\_, 1941  
that I last saw him alive on 1-3 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary  
Pemiscot Pneumonia

Due to \_\_\_\_\_  
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?  
585 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. R. M. Daniel (M. D. or other) D  
Address Steubenville Mo Date signed \_\_\_\_\_

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

8000

52

2-41-52

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**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.**