

2  
12-40  
7-39  
X23159

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 4

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:  
1523 Kaverly  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town St. Charles 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 1523 Kaverly 3  
(If rural, give location) 0

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

3. (a) PRINT FULL NAME MATTIE LOUETTA KING

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6  
year 1941 hour 8 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 5  
\_\_\_\_\_, 1941 to Jan 6, 1941;

that I last saw h.e.r. alive on Jan 6, 1941  
and that death occurred on the date and hour stated above.

4. SEX Female

5. Color or race White

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 July 6th 1854  
(Month) (Day) (Year)

Immediate cause of death Cerebra  
Apoplexy

Duration 7 days

8. AGE: Years 86 Months 6 Days -  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Pulaski Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

MOTHER FATHER

12. Name Spencer Dickson

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Cole

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Zelma S. Rathrock

(b) Address St Charles mo

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? \_\_\_\_\_

17. (a) Removal (b) Date thereof Jan 8, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pulaski, Tenn.

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Jaedman - Baum

(b) Address 326 N 6th St - St Charles mo

19. (a) JAN 8-1941 (b) Thomas H. Mosler  
(Date received local registrar) (Registrar's signature)

23. Signature O W Janner (M. D. or other) MD

Address 121 N. Main St. Char. Date signed 1-7-41

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

**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.....

*Arthur C. Davis*

Licensed Embalmer No.....

*3155*

P. O. Address.....

*St Charles 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, fact should be so stated above.**