

FILED MAY 14 1941

Registration District No. 79

Primary Registration District No. 5116

Registrar's No. 14

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town RURAL - BOURBON
(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 all of life years, months or days

3. (a) PRINT FULL NAME ANDREW MONROE MATHIS

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

4. Sex MALE 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 Apr 3 - 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business RETIRED

12. Name WILLIAM MATHIS

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

14. Maiden name NANCY Woods

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

16. (a) Informant's own signature Miller Mathis

(b) Address Sturgeon, Mo.

17. (a) Rural (b) Date thereof Apr. 23 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE

18. (a) Signature of funeral director Raney & Burthe

(b) Address Sturgeon, Mo.

19. (a) Apr. 23 - 1941 (b) Q. Elhorth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE
(c) City or town RURAL - BOURBON
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR STURGEON
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1941 hour 3 minutes 45 A. M.

21. I hereby certify that I attended the deceased from April 10
1940 to April 22, 1941;
that I last saw him alive on April 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
myocardial failure
Due to Coronary sclerosis

Due to _____
Other conditions 44 A
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy _____
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 Dr. J. W. Jones (M. D. or other) Dr.
Address Sturgeon, Mo. Date signed 23/41

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

REV. 8-17-39
1 X1851

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.