

MAY 6 1941
Registration District No. **528**

Primary Registration District No. **4314**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County MACON
(b) City or town CALLAO
(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 _____
years, months or days

8. (a) PRINT FULL NAME Elizabeth Austin Mathis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Andrew Jackson Mathis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 22 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Chariton County (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Beydren
13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
14. Maiden name Susan Perrin
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Helen Perry
(b) Address Callao, Mo.

17. (a) Burial (b) Date thereof 4-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callao Cemetery

18. (a) Signature of funeral director J. L. Edwards

(b) Address Bevier Mo.

19. (a) Apr. 25-41 (b) Hot Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON
(c) City or town CALLAO
(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 April day 15
year 1941 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 2/6/41, 1941, to April 7, 1941
that I last saw her alive on April 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDIAL FAILURE AND DISEASE
Due to DEBILITY

Due to _____
Other conditions (Include pregnancy within 3 months of death) 92 1/2 W

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? 471

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature J. L. Beydren M. D. or other _____
Address Callao, Mo Date signed 4/17/41

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 *[Handwritten Signature]*

Licensed Embalmer No. 1961

P. O. Address Beverly 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, above space should be left blank.