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JUN 10 1941

Registration District No. 35 Primary Registration District No. 1001 Registrar's No. 510

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution 1025 Highland
(d) Length of stay: In hospital or institution none
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1025 Highland
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME Lee Roy Mathis
3. (b) If veteran, name war none
3. (c) Social Security No. none

20. DATE OF DEATH: Month May day 10
year 1941 hour 1 minute P.M.
21. I hereby certify that I attended the deceased from May 12 1941 to May 12 1941
that I last saw the deceased and that death occurred on the date and hour stated above.

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 14 years
7. Birth date of deceased Feb 14 1886

Immediate cause of death: acute suppurative appendicitis, general peritonitis
Due to: _____
Due to: _____

8. AGE: Years 55 Months 2 Days 26
If less than one day hr. min.

9. Birthplace Stamberry Mo
10. Usual occupation Laborer

MOTHER FATHER
11. Industry or business
12. Name Elizabeth Mathis
13. Birthplace Buchanan Mo
14. Maiden name Buchanan
15. Birthplace Buchanan Mo

Other conditions: _____
Major findings: Of operations: _____
Of autopsy: no
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Mathis
(b) Address 1025 Highland
17. (a) Burial (b) Date thereof 5-12-41
(c) Place: burial or cremation Green Cemetery
18. (a) Signature of funeral director James Garrison
(b) Address 218 South 10th St St. Joseph Mo
19. (a) May 12 41 (b) H. J. Westphal

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature H. F. Mundy (M. D. or other) _____
Address 404 So 3d ST. JOSEPH Date signed 5/12/41

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 B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address St. Joseph

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.