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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31455

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 07

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

1. PLACE OF DEATH:

(a) County De Witt

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 50 years.

3. (a) PRINT FULL NAME Mattie Sholar.

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

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced S. M.

6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 24 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Dont. Know. 9

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

14. Maiden name Dont. Know.

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

16. (a) Informant Pearl Brandell

(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 9-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Robert Frantham

(b) Address Salem, Mo.

19. (a) 9-20-41 (b) A. E. Butler, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County De Witt 23

(c) City or town Salem, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19
year 1941 hour 10 minute 52 P.M.

21. I hereby certify that I attended the deceased from 9-16 1941 to 9-19-41 1941
that I last saw h cc alive on 9-19-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death for pyelonephritis

Duration _____

Due to 1330

Other conditions chronic myocarditis - senility
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
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) (d) Means of injury 2

23. Signature J. D. H. Kent (M. D. or other) DO.
Address Salem, Mo. Date signed 9-20-41

RECEIVED

District Health Officer No. 5,

District File Number. 10412016

Date Filed _____

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 _____

N D Hobson

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed N D Hobson

Licensed Embalmer No. 928

P. O. Address Salem, Me.

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.