No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 11 1941

Registration District No. 873

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6162

State File No. 32823

Registrar's No. 280

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3) Nevada, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos 14 dys. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson 108

(c) City or town WARRENSBURG. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 706 North McGuire 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MRS DORA A. MATHEWS.

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Jerome Mathews

6. (c) Age of husband or wife if alive Not known years

7. Birth date of deceased June (Month) 6th (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	3	24	hr. min.

9. Birthplace Harrison Co (City, town, or county) / Iowa (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Malon Griffith
13. Birthplace Unknown (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name Elvira Bannion
15. Birthplace Unknown (City, town, or county) / Virginia (State or foreign country)

16. (a) Informant State Hospital No 3 Records
(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg Mo

18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada Mo.

19. (a) 10-1-41 (Date received local registrar) (b) Allen V. Haya (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th year 1941 10 hour 45 minute P. M.

21. I hereby certify that I attended the deceased from June 16th, 1941, to Sept 30th, 1941; that I last saw her alive on Sept 30th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Degen. Myocarditis

Due to

Due to

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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

23. Signature G. S. Waraich (M. D. ~~or other~~)
Address State Hospital Nevada Date signed 9/30/41

775

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-41-1733
Date Filed 10-9-41

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.