

FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35469

State File No.

Registrar's No.

Registration District No. 533

Primary Registration District No. 3027

1. PLACE OF DEATH:

(a) County macon  
(b) City or town macon Mo.  
(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 1  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County macon  
(b) City or town macon  
(If outside city or town limits, write "RURAL")  
(c) Street No. 3  
(If rural, give location)  
(d) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mary S. Matt

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

4. Sex Female 5. Color or race negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 11 years  
7. Birth date of deceased Dec 11 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 23 If less than one day  
hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

MOTHER { 12. Name Dorothy Leonard

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

14. Maiden name Susan Green

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

16. (a) Informant Eva Patuck

(b) Address 3365 Cook Ave - St Louis

17. (a) burial (b) Date thereof Oct 6 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Arthur Skimin

(b) Address macon mo

19. (a) 10/20/41 (b) Seeta H. Cordeu  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4  
year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Sept 27 1941 to Oct 4 1941  
that I last saw her alive on Oct 4 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastro enteritis Duration 3 weeks  
Due to cause undetermined  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature [Signature] M.D. or other  
Address macon mo Date signed 10/20/41

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

RECEIVED

District Health Officer No. 10

District File Number 11-41-2023

Date Filed NOV 13 1941

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.....

Geo. Webster

Registered Apprentice No. 295

working under my personal supervision.

Signed.....

Albert Shriver

Licensed Embalmer No. 757

P. O. Address.....

Maenon

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.