

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41866

Registration District No. 341

Primary Registration District No. 4204

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Ridgeway
(If outside city or town limits, write "RURAL")

(d) Street No. None (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Mathis

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife William H. Mathis

6. (c) Age of husband or wife at death 68 years

7. Birth date of deceased Aug. 15 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 9 26 hr. min.

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

10. Usual occupation House wife

11. Industry or business home

MOTHER FATHER { 12. Name John Tull

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

14. Maiden name Lavina Jane Loy

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

16. (a) Informant Wm. H. Mathis

(b) Address Ridgeway Missouri

17. (a) burial (b) Date thereof 5/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Ridgeway Missouri

19. (a) 5-13-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1941 hour 6 minute 30: a.m.

21. I hereby certify that I attended the deceased from Dec. 23
1940 to May 11 1941

that I last saw her alive on May 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas (head)

Duration 9 mos

Due to unknown

Due to _____

Other conditions H69
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Carcinoma of pancreas

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? [Signature] (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Ridgeway, Missouri Date signed _____

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 J. Proga
Licensed Embalmer No. 2026
P. O. Address Ridgewood

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.