

S. No. 2
-11-10-39
v. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3001

State File No. _____

FILED FEB 16 1942

Registration District No. _____

Primary Registration District No. 4358

Registrar's No. 20

1. PLACE OF DEATH:

(a) County NEW MADRID

(b) City or town NEW MADRID, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether _____)

In this community 2 Weeks years, months or days

8. (a) PRINT FULL NAME MONROE MATHIS

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

3. (c) Social Security No. 462-12-3086

4. Sex M

5. Color or race C.

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased About 1899
(Month) (Day) (Year)

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

about 43 hr. min.

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

10. Usual occupation Farming (Dry Work)

11. Industry or business _____

MOTHER FATHER { 12. Name unk

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

14. Maiden name unk

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

16. (a) Informant George Williams

(b) Address Risco, Mo.

17. (a) Burial (b) Date thereof Jan 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Risco

18. (a) Signature of funeral director County

(b) Address _____

19. (a) Jan 26 42 (b) Alice Spitzer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. 1 Mile S of Risco
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1942 hour 1:30 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from L
_____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Angina

Due to no medical attend.

Due to _____

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

Major findings: 948

Of operations _____

Of autopsy _____

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 2

23. Signature Leo Hedgepeth Deputy Coroner
Address New Madrid Date signed Jan 26 1942

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

JUN 18 1942

District Health Office No. 2,

District File Number 2-42-194

Date Filed 2-18-42

[Handwritten signature]

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 *No*

Licensed Embalmer No.

P. O. Address

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.