

12-40  
17-39  
X23159

FILED MAR 10 1942  
Registration District No. 1942-3

Primary Registration District No. 6216

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Denver, Mo. City  
(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. (Specify whether \_\_\_\_\_)

In this community 2 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North 113

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME MATILDA JOINS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 1. Color or race W

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

6. (b) Name of husband or wife Johnd 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Mar 13 1871  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Worth Co O  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Rebecca Chapman

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

14. Maiden name Ruby Bolton

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

16. (a) Informant J. Bran  
(b) Address Denver, 1110

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director J. Bran  
(b) Address Denver, 1110

19. (a) Feb 14 - 1942 (b) Arlene Scadden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1942 hour 3 minute 20 AM.

21. I hereby certify that I attended the deceased from Jan 20, 1942 to Feb 6, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death, Carcinoma of lungs

Due to Carcinoma

Due to retum - 1940

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

Major findings: ✓ H&B  
Of operations \_\_\_\_\_

Of autopsy no

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 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Grandberry Mo Date signed 2-7-42

Duration 4 MO.

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**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.....

Licensed Embalmer No. *2447*

P. O. Address *Denver, 11/6*

**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.**