No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10711

Registration District No. 293 Primary Registration District No. 4177 Registrar's No. 20

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

36
2
0

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Pacific Twn
(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 1 (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Pacific 036
(If outside city or town limits, write "RURAL") 2
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME LENA MAUTHE
3. (b) If veteran, name war no
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 Louis Mauthe
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec. (Month) 16 (Day) 1873 (Year)

8. AGE: Years 68 Months 3 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business at home
FATHER
12. Name John
13. Birthplace France (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Brownsworth
15. Birthplace France (City, town, or county) (State or foreign country)
16. (a) Informant Lorene Essman
(b) Address Pacific Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (Month) (Day) (Year)
(c) Place: burial or cremation Pacific Mo
18. (a) Signature of funeral director Jno L Thurbes
(b) Address Pacific Mo
19. (a) 4/3/42 (Date received local registrar) (b) Blanch C Fletcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1942 hour 9 minute 30 A M.
21. I hereby certify that I attended the deceased from Nov. 22, 1941, to April 1, 1942 that I last saw her alive on Apr. 1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the mediastinum, Metastasis in lungs	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 47 f	
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?
(Specify type of place)
While at work (e) Means of injury 0
23. Signature L B Eckes (M. D. or other)
Address Pacific Date signed 4/2/42

1118 (Licensed Embalmer's Statement on Reverse Side)

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 Jno. L. Thielen.

Licensed Embalmer No. 3008

P. O. Address Pacific, 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, fact should be so stated above.