. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18524

State File No.

Registration District No. 567 JUN 15 1942 Primary Registration District No. 5763 Registrar's No.

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Rural St James
(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 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn (b) County Perry 79
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. M. K. 1
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DAVID MATHIS

3. (b) If veteran, name war ✓

3. (c) Social Security No. 489-16-6502

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ola Mathis.

6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased Sept. (Month) 22 (Day) 1918 (Year)

8. AGE: Years 23 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Butler Co. (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business ✓

FATHER
12. Name Brantley Mathis.
13. Birthplace Perry Co. (City, town, or county) Tenn! (State or foreign country)

MOTHER
14. Maiden name Jennie Henry
15. Birthplace Benton Co. (City, town, or county) Tenn! (State or foreign country)

16. (a) Informant Ola Mathis.
(b) Address East Prairie, Mo. Rt. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo.

19. (a) 6-10-42 (Date received local registrar) (b) Fannie E. Brigmond (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from No Physician in attendance. that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Shot gun wound in head.

Due to inflicted by deceased own hands.

Due to

Other conditions (Include pregnancy within 3 months of death)

164c

Major findings:
Of operations

Of autopsy

Duration

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) Suicide
(b) Date of occurrence June 7, 1942 5 P.M.
(c) Where did injury occur? Mississippi, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home. (Specify type of place)
While at work ✓ (e) Means of injury 3

23. Signature Travis Shelby (M. D. or other) Coroner.
Address East Prairie, Date signed 6-9-42

1271 (Licensed Embalmer's Statement on Reverse Side)

JUN 23 1942

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 James E. Scott, Registered Apprentice No. ....., working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, Mo

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.