

FILED JUL 24 1942
Registration District No. 561

Primary Registration District No. 4330

Registrar's No. 79

1. PLACE OF DEATH:
 (a) County Miller
 (b) City or town Eldon
(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 _____
years, months or days

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

3. (a) PRINT FULL NAME Mary Isabell Mathews
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 24
 year 1942 hour 8 minute 15 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Cal Mathews 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased March 28 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4 1940
 _____, 19____, to June 24 1942
 that I last saw her alive on June 23 1942
 and that death occurred on the day and hour stated above.

8. AGE: Years Months Days If less than one day
78 2 26 hr. min.

Immediate cause of death
Cancer of Rt breast
- Pulmonary
Metastasis
 Due to _____
 Due to _____

9. Birthplace California Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: 50
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name William Birdsong
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Matilda Wilson
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Cal Mathews
 (b) Address Eldon, Missouri
 17. (a) Burial (b) Date thereof 6-26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Eldon Cemetery

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? _____

18. (a) Signature of funeral director Phillips Funeral Home
 (b) Address Eldon, Missouri
 19. (a) 6-26-42 (b) H. H. Greear
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature E. M. Allee (M. D. or other) _____
 Address Eldon Mo Date signed 6/25/42

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

66
1
1

RECEIVED

Miller County Health Dept.

County File Number 42-52

Date Filed 7/20/42

STATEMENT BY LICENSED EMBALMER

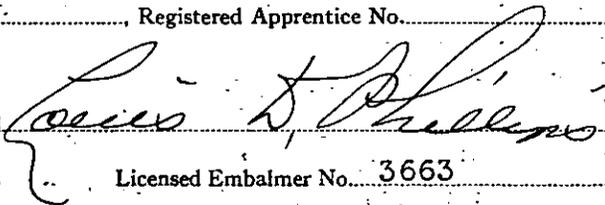
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis D. Phillips

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3663

P. O. Address Eldon

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.