S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

Registration District No. 890

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22535

Primary Registration District No. 6195A

Registrar's No.

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

11
0
0

1. PLACE OF DEATH:

(a) County Wayne Cedar Creek Sn.

(b) City or town Lodi Mo
(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: 111

(a) State Mo (b) County 0

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ~~No~~ 0

3. (a) PRINT FULL NAME LORA ESTHER MATTHEWS

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Ben T Matthews 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug (Month) 2 (Day) 1903 (Year)

8. AGE:	Years	Months	Days	If less than one day
	38	8	22	hr. min.

9. Birthplace Wayne (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House Work

11. Industry or business " "

FATHER
12. Name WILLIAM YOUNG
13. Birthplace Wayne (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name NANCY DORSEY
15. Birthplace Wayne (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Ben T Matthews
(b) Address Lodi Matthews

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Caldwater Mo

18. (a) Signature of funeral director N. W. Gish
(b) Address Piedmont Mo

19. (a) 6-1-42 (Date received local registrar) (b) Inez Dennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1942 hour 4:00 minute 4:30 P

21. I hereby certify that I attended the deceased from Feb 18th 1942 to Apr 24 1942 that I last saw her alive on Apr 23 5 PM. 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Embolism.

Due to Rapid severe pain to early delivery

Due to I estimate not quite 7 mos

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

Major findings:
Of operations ✓
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1478

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence Death 4 PM 4/24-1942

(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? after Precipitous Premature Labor (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature M. B. Barber (M.D. or other) MD

Address Fredericktown Mo Date signed 4/29/1942

1222

(Licensed Embalmer's Statement on Reverse Side)

sent 4-24-1942 to Mrs F. Paulliss

RECEIVED
District Health Officer No. 4
District File Number 242-866
Date Filed 7-10-42

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed Norman W. Gist

Licensed Embalmer No. 3387

P. O. Address Redmond Ore.

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.