

FILED SEP 11 1942

Registration District No. 200

Primary Registration District No. 3041

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

1. PLACE OF DEATH
(a) County Macon
(b) City or town MACON
(c) Name of hospital or institution: SHARRITAN HOSPITAL
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County MACON
(c) City or town CALLAO RURAL
(d) Street No. _____
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Lee O. Mathis
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 26
year 1942 hour 4:15 minute PM

4. Sex MALE 5. Color or race White
6. (a) Name of husband or wife CELLA MATHIS
7. Birth date of deceased JAN 13 1886

21. I hereby certify that I attended the deceased from Aug 20 1942 to Aug 26 1942
that I last saw him alive on Aug 25 1942
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>56</u> | <u>7</u> | <u>13</u> | hr. _____ min. _____ |

Immediate cause of death: Subacute perforative peritonitis
due to perforation of
peritoneal infection
Due to _____

9. Birthplace Bevier Mo
10. Usual occupation FARMER

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name George W. Mathis
13. Birthplace Mo
14. Maiden name Anderson
15. Birthplace Mo

PHYSICIAN
Underline the cause to which death should be charged statistically.
1170

16. (a) Informant Mrs Lee Mathis
(b) Address Callao Mo R.F.D.
17. (a) Burial (b) Date thereof 8-27-42
(c) Place: burial or cremation Evon Chapel Cemetery
18. (a) Signature of funeral director J. P. Bonnard
(b) Address Bevier Mo
19. (a) 9/4/42 (b) Jora B. Dunkler

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature J. P. Bonnard (Specify type of place) _____
Address MACON MO (e) Means of injury _____
Date signed 8/28/42

RECEIVED

District Health Officer No. 10

District File Number 9-42-1708

Date Filed SEP - 8 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. E. Edwards

Licensed Embalmer No.

1961

P. O. Address

Bevier 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.