

Registration District No. 62

Primary Registration District No. 5238

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Dunnegan - Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether years, months or days)
In this community XXX

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Dunnegan
(If outside city or town limits, write "RURAL")
(d) Street No. XX (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Amanda Willa Mathena

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Mathena 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Sept. 3, 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 1 If less than one day 8 hr. X min.

9. Birthplace Rav County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

12. Name H. P. Leseur

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cartwell

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Family member
(b) Address Dunnegan, Missouri

17. (a) Burial (b) Date thereof 10-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alder Cemetery

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Missouri

19. (a) 10-31-42 (b) Mabel C. Church
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 4, year 1942 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from Sept 10 1942 to Oct 4 1942
that I last saw her alive on Sept 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 3 weeks

Due to _____

Due to _____

Other conditions g30
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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) no

(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? _____

While at work? _____ (Specify type of place) Means of injury g

23. Signature W. C. Davis (M. D. or other) DO.

Address Stockton, Mo. Date signed 10-4-42

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

20
00

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1169

Date Filed 11-6-42

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.....

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

Signed Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.