

FILED APR 16 1943

5943

Registration District No. 275

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rural, Seelye, Phelps
(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.....
In this community..... 61-4-24 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. So. West - Edgar Springs, Mo.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1943 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from March 26
1943 to April 3, 1943
that I last saw him alive on March 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocarditis and
arteriosclerosis
Due to Cold and
arteriosclerosis

Duration

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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).....
(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)
(e) Means of injury.....
Signature [Signature] (M. D. or other)
Address [Address] Date signed 4/4/43

3. (a) PRINT FULL NAME James S. Mathis

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

4. Sex M 5. Color or Race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov. - 9 - 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 24
If less than one day hr. min.

9. Birthplace Edgar Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name James H. Mathis

13. Birthplace Dallas Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Wayman

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

16. (a) Informant J. H. Mathis

(b) Address Edgar Springs, Mo

17. (a) Burial (b) Date thereof H-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cem. Edgar Springs

18. (a) Signature of funeral director [Signature]
(b) Address Rolla, Mo

19. (a) 4-5-1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1001

APR 21 1945
3

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. H. Hallam

Licensed Embalmer No.

3643

P. O. Address

Cuba, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 716
Registrar's No. 5

Registration District No. 275 Primary Registration District No. 5943

1. PLACE OF DEATH:

(a) County Phelps Rural
(b) City or town Spring Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(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)

3. (a) PRINT FULL NAME James S. Malkin

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 18 1/2 years

7. Birth date of deceased Nov. 7 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 13 If less than one day min.

9. Birthplace mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

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

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1943 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from 1943 to 1943 that I have seen him live on and that death occurred on the date and hour stated above. (Immediate cause of death)

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

MOTHER FATHER

SUPPLEMENTARY

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18-108-

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH
(a) County Phelps
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

3. (a) PRINT FULL NAME James S. Mathis
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 10 (If less than one day min.)

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

10. Usual occupation
11. Industry or business

MOTHER, FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April 1949 year. 3 hour. 30 minute. M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Myocarditis & Acute Nephritis
followed by a Cold or
flu
Duration _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
33a

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? _____

While at work? (Specify type of place) (e) Means of injury _____
23. Signature J. H. Reed (M. D. or other) _____
Address _____ Date signed 5/25/49

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

SUPPLEMENTARY