

FILED JUN 28 1943

Registration District No. 513

Primary Registration District No. 2000

458

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **Springfield, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**1321 North Johnson**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Several Years** (Specify whether years, months or days)

In this community **Several Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")

(d) Street No **1321 N. Johnson**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Taylor W. Mathena**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elma C Mathena**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **March 27 1876**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **7** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Nova Scotia, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Frisco Brakeman**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Mathena**

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

14. Maiden name **Rebecca Wallis**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Elma Mathena**

(b) Address **1321 N. Johnson**

17. (g) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-6-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Brandon, Mo**

18. (a) Signature of funeral director **Dunn Funeral Home**

(b) Address **Springfield, Mo**

19. (a) **6-5-43** (Date received local registrar)

(b) **W. T. Walsh** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4th**, year **1943** hour **6** minute **45** A.M.

21. I hereby certify that I attended the deceased from **June 4 1943** to **June 4 1943** that I last saw him alive on **June 4 1943** and that death occurred on the **date** and hour stated above.

Immediate cause of death **Mitral resurgitation unknown**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) **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)

(a) Means of injury \_\_\_\_\_

23. Signature **W. T. Walsh** (M. D. or other)

Address **6-4-43 Springfield Mo** (Type signed)

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

39  
6  
2

39  
2  
6

0

Duration

928

980

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 Clarence J. McCallister  
Licensed Embalmer No. 2891

P. O. Address \_\_\_\_\_

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.