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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25657

FILED AUG 12 1943

Registration District No. 237

Primary Registration District No. 3048

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Taylor
(c) City or town Rural Bedford
(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 2

3. (a) PRINT FULL NAME Mattie Catharine Lee

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. Wilbur Lee 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April 8 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Stewart

13. Birthplace Taylor Co Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Goff

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

16. (a) Informant J. Wilbur Lee

(b) Address Bedford Iowa

17. (a) Burial (b) Date thereof July 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Floyd Shum

(b) Address Bedford Iowa

19. (a) 7-21-43 (b) Wm. Barber
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 13
year 1943 hour 3:25 minute 02 M.

21. I hereby certify that I attended the deceased from June 22 1943 to July 13 1943
that I last saw him/her alive on July 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Aneurism

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Hysterectomy - 7-3-43
Of operations _____
Of autopsy _____

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 W.R. Fisher (M. D. or other)
Address Maryville, Mo. Date signed 7-14-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 myself

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

Signed Floyd Eshum

Licensed Embalmer No. 2381 Iowa

P. O. Address Bedford Iowa

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.