

NOV 12 1943

State File No. _____

Registration District No. 155

Primary Registration District No. 4246

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Carl Junction
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Carl Junction
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 27 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dorah Mandy Mathison
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luke Mathison 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Nov 10 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Dorah Mandy
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Luke Mathison
(b) Address Carl Junction, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Hornet Cem., Safford, Mo.

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

19. (a) Oct 10, 1943 (Date received local registrar) (b) Miss Lillie Lyle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carl Junction 049
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 3
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1943 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw did not see her alive and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension heart failure

Due to Hypertension

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

Major findings: Of operations 93d
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) (c) Means of injury crowd
23. Signature P. A. ... (M. D. or other) Oct 7, 1943
Address Barham, Mo. Date signed _____

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

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

43-10-907

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

Clayton M. Johnston

Licensed Embalmer No.

4304

P. O. Address

Webb City, 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.