

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED NOV 5 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35178
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 203
 (b) Township Independance Primary Registration District No. 5734
 (c) City Atlanta (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME J. Thomas Mathis

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mora Mathis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1878

7. AGE YEARS 64 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 10-9-43 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

13. NAME John Mathis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Elizabeth Hall
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mora Mathis (ADDRESS) Atlanta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke Cemetery DATE 10-15-43

19. FUNERAL DIRECTOR (NAME) Humbrodding (ADDRESS) Atlanta Mo

20. FILED Nov. 2 1943 Mrs. A. L. Cambre Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-13-1943

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1943 to Oct 13 1943
 I last saw him alive on Oct. 13 1943 Death is said to have occurred on the date stated above, at 3:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset Oct.

Other contributory causes of importance: 94

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify C. H. Buckley M. D.
 (Signed) La Plata Mo.
 (Address) _____

RECEIVED

District Health Officer No. 10

District File Number *NOV-3-1945*

Date Filed

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 *H. M. Gooding*

Licensed Embalmer No. *1750*

P. O. Address *Atlanta 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, above space should be left blank.