V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44137

Registration District No. 374 Primary Registration District No. 6273 4547 Registrar's No.

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant City (Fletchall)
(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 75 years years, months or days)

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

3. (a) PRINT FULL NAME Arminta Mathews
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 widowed
6. (b) Name of husband or wife David Mathews
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 - 17 - 1853 (Month) (Day) (Year)
8. AGE: Years 90 Months 8 Days 17 If less than one day hr. min.
9. Birthplace Minnesota (City, town, or county) / (State or foreign country)
10. Usual occupation house wife
11. Industry or business

FATHER
12. Name Samuel Batman
13. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Dick Mathews
(b) Address Grant City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 6 - 1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Wharton Cemetery
18. (a) Signature of funeral director Arch C. Dunfee
(b) Address Grant City Mo
19. (a) Dec 6 - 1943 (Date received local registrar) (b) Arlene Scadden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 year 1943 hour 10 minute M.
21. I hereby certify that I attended the deceased from 10, 1943 to 12 4, 1943 that I last saw her alive on 12-3-43, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris | Duration

Due to

Due to

94 b

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 12 4 43

1104

(Licensed Embalmer's Statement on Reverse Side)

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 Jack C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant 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.