

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14485

FILED MAY 9 1944

Registration District No. 1144

Primary Registration District No. 5304A

State File No. 14485

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Rural ~~near~~ St. Thomas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nearer St. Thomas, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days (Specify whether)

3. (a) PRINT FULL NAME Henry Matheisen

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 Clara 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 28 12 1865 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 15 .hr. _____ min.

9. Birthplace Loose Creek, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Mathaisen
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Catherine Kipels
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henry Matheisen

(b) Address Burial St, Thomas, Mo.

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 4/29/44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Thomas Cemetery

18. (a) Signature of funeral director Dr. B. B. Buncher

(b) Address Jefferson City, Mo.

19. (a) 4-29-44 (b) By J. J. C. [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Rural Nearer St. Thomas, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1944 hour 5 minute 05 M.

21. I hereby certify that I attended the deceased from Nov 20 1943 to April 27 1944 that I last saw him alive on in April 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis, Chronic
Anterior Colonis
Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

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

23. Signature Henry B. Buncher (M. D. or other) Address St. Thomas, Mo. Date signed April 27 1944

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-8-44

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 Victor Bruescher *Victor Bruescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.