

FILED AUG 9 1944  
Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Keeneth - Rural  
(c) Name of hospital or institution: Country Home  
(d) Length of stay: In hospital or institution 20 years  
In this community 7 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
(c) City or town Keeneth, Mo - (Rural)  
(d) Street No. County Farm  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT-FULL NAME Matilda Therman

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown 1890  
(Month) (Day) (Year)

8. AGE: Years 54 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name J. O. Therman

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Josee Fager

15. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant J. O. Hall

(b) Address Keeneth, Mo

17. (a) Burial (b) Date thereof July 11 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willama

18. (a) Signature of funeral director Paul Salomon

(b) Address Keeneth, Mo

19. (a) 7-28-44 (b) Julia Blankenship  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th  
year 1944 hour 2:00 minute \_\_\_\_\_ a. M.

21. I hereby certify that I attended the deceased from July 11 1944 to July 11 1944  
that I last saw him alive on July 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Disruption of Left Leg 6 days streptococci  
Due to Obstructive Endocarditis and at broncho pneumonia of left lung  
Due arteries and veins in left leg

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 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) Means of injury \_\_\_\_\_

23. Signature George Salomon (M. D. or other) \_\_\_\_\_  
Address Keeneth Mo Date signed 7-19-44

RECEIVED  
District Health Office No. 2,  
District File Number 844-1051  
Date Filed 8-4-44

**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

*Body Not Embalmed*

Licensed Embalmer No.....

P. O. Address.....

**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.**