

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0726

FILED OCT 9 1944

State File No. _____

Registration District No. 70

Primary Registration District No. 52-86-4126 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Wyaconda, Mo.
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County clark 23
(c) City or town wyaconda 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Mathes

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 W.H. MATHES 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept. 3 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Clark County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business _____

12. Name William Ethridge
13. Birthplace England 4 (City, town, or county) (State or foreign country)
14. Maiden name Jane Bristow
15. Birthplace England 4 (City, town, or county) (State or foreign country)

16. (a) Informant Merton Hayden
(b) Address Wyaconda, Mo

17. (a) Burial (b) Date thereof Sept. 18 44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka, Mo.

18. (a) Signature of funeral director Guth Brodick

(b) Address Wyaconda, mo

19. (a) 9-18-44 (b) Perry Rector (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1944 hour 5 minute A M.
21. I hereby certify that I attended the deceased from Aug 1 - 1944 to Sept 17 - 1944 that I last saw her alive on Sept 17 and that death occurred on the date and hour stated above. Duration 44

Immediate cause of death Senile Fufimities

Due to _____
Due to _____
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 9
23. Signature O. F. Hutcherson (M. D. or other)
Address Wyaconda mo Date signed 9/18/44

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

3000

12/3

DEC 14 1950

1951
9 MAR

RECEIVED

District Health Officer No. 10

District File Number 18-14-1667

Date Filed OCT 6 1944

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 g....., Registered Apprentice No.
working under my personal supervision.

Signed

Geo. J. Bonkett

Licensed Embalmer No.

1817

P. O. Address

My address in

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.