S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1944

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5787

State File No. 3482

Registrar's No. 70

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: Charleston (rural) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R#1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days) In this community: All Of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Miss. 67

(c) City or town: Charleston (rural) (If outside city or town limits, write "RURAL") 0

(d) Street No.: R#1 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) If yes, name country: None 0

3. (a) PRINT FULL NAME: Edwina Louis Mathis

3. (b) If veteran, name war: ----

3. (c) Social ~~Security~~ No.:

4. Sex: F 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Infant 0

6. (b) Name of husband or wife: Infant

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

7. Birth date of deceased: November 19th 1943 (Month) (Day) (Year)

8. AGE: Years 0 | Months 10 | Days 8 | If less than one day: hr. min.

9. Birthplace: Sikeston (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

FATHER

12. Name: Edward Clinton Mathis

13. Birthplace: Marshall Co. (City, town, or county) Ky. 1 (State or foreign country)

MOTHER

14. Maiden name: Lorene Ivy

15. Birthplace: East Prairie, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Clinton Mathis

(b) Address: R#1 Charleston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Charleston, Mo

18. (a) Signature of funeral director: Jay Nunnelee

(b) Address: Charleston, Mo.

19. (a) 10/1/44 (Date received local registrar) (b) Mrs. Lou Ma[illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 27th year: 1944 hour: 10 minute: P M.

21. I hereby certify that I attended the deceased from Sept. 27, 1944 to Sept. 27, 1944 that I last saw her alive on Sept. 27, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: colitis	7 da.
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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: C. C. Crisnell, M.D. (M. D. or other)

Address: Charleston, Mo. Date signed: 9/28/44

1257 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1044-1415
Date Filed 10-18-44

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.

Not Embalmed

Signed .....

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.