

FILED DEC 13 1944
Registration District No. 736

Primary Registration District No. 5498

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Hatfield, Mo. Hamilton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution X (Specify whether)
In this community sixty years years, months or days

3. (a) PRINT FULL NAME CORALISSA MATHES

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife E. BUD MATHES 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Nov (Month) 7 (Day) 1879 (Year)

8. AGE: Years 65 Months ✓ Days + If less than one day hr. min.

9. Birthplace Salina Co. (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Cole
13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Mary Kent
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Ed Cole
(b) Address Mt. Airy, Ia.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Lone Rock Payne, Kent

18. (a) Signature of funeral director Arch C. Duffie

(b) Address Grant City, Mo.

19. (a) 11-13-1944 (b) Chas. Holan (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41
(c) City or town Hatfield, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Hamilton Twp. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8th
year 1944 hour Three minute 30 a.m.

21. I hereby certify that I attended the deceased from Nov 8 1944 to Nov 8 1944
that I last saw her alive on Nov 8th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to

Due to 61

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 2

23. Signature Dr. C. M. Probst (M.D. or D.O.)

Address Bethany Mo. Date signed Nov 9/44

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

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.....

Arch C. Dingle

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.