

Registration District No. 185

Primary Registration District No. 4300

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Laclede
(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)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn ⁵⁸

(c) City or town Laclede
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? yes (but naturalized)
If yes, name country Austria (Yes or No)

3. (a) PRINT FULL NAME JOHANA MATHIASCH

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1944 hour 3 minute P. M.

4. Sex Female 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 May 5 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1940 to Nov. 23 1944
that I last saw h. e. r. alive on Nov. 23 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 6 18 hr. min.

Immediate cause of death Internal hemorrhage

9. Birthplace 4 Austria
(City, town, or county) (State or foreign country)

Due to Cancer of stomach and liver

Due to

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) Hb

11. Industry or business

Major findings: Of operations Hb Of autopsy

MOTHER FATHER

12. Name Joseph Mathiasch

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

14. Maiden name Maria Krappke

15. Birthplace Austria (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant John Mathiasch

(b) Address Laclede, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Burial (b) Date thereof Nov. 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?.....

(c) Place: burial or cremation Russell, Brookfield, Mo.

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

18. (a) Signature of funeral director M. J. Johnson

(b) Address Laclede, Mo.

23. Signature Adriel R. Smith (M.D. or other).....

19. (a) Nov. 25, 1944 (b) Mrs. Divia Rowland
(Date received local registrant) (Registrar's signature)

Address Laclede, Mo. Date signed 11-25-44

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

5800

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..... *me*.....

..... *W. G. Thorne*....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. G. Thorne*.....

Licensed Embalmer No..... *2876*.....

P. O. Address..... *Falleville, 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.