

FILED MAR 16 1945

Registration District No. 5

Primary Registration District No. 4014

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Atchison
 (b) City or town Fairfax
(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 _____
(Specify whether years, months or days)
 In this community 53 yrs.

3. (a) PRINT FULL NAME

ZELLA JANE FOLEY McMathew

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

4. Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edward R. McMathew
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased April 18 1872
(Month) (Day) (Year)

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

9. Birthplace Eagleville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name John Foley

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

14. Maiden name Jane Koleson

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

16. (a) Informant Mrs. John Carter
 (b) Address Fairfax, Missouri

17. (a) Burial (b) Date thereof 7/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge, Fairfax

18. (a) Signature of funeral director Mervin W. Schaefer

(b) Address Fairfax, Missouri

19. (a) July 10, 1945 (b) Mrs. H. W. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
 year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11 1945 to Feb. 7 1945;
 that I last saw h. ev. alive on Feb 7 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2/4/45

Due to chronic myocarditis
hypertension, cholelithiasis
 Due to thrombosis

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy 1-3

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 _____

23. Signature H. C. Bauman (M. D. or other) M.D.
 Address Fairfax Date signed 7/9/45

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 *Marvin H. Schaefer*

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Va.*

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.