S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 1208

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12264

Primary Registration District No. 4194

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany (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 Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry
(c) City or town Albany (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 Mattie Wiley Chenoweth
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 Widowed
6. (b) Name of husband or wife W. M. Chenoweth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 7 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	—	19	hr. min.

9. Birthplace New Hampton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name James Wiley
13. Birthplace Litfield (City, town, or county) Ill. (State or foreign country)
14. Maiden name Martha Rimmer
15. Birthplace Richmond (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. M. M. Chenoweth
(b) Address Albany, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director [illegible]
(b) Address Albany Mo
19. (a) March 8-1945 (Date received local registrar) (b) Homer M. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1945 hour 3 minute 20 A.M.
21. I hereby certify that I attended the deceased from Aug. 25, 1944, to Feb. 26, 1945 that I last saw her alive on Feb. 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Adenocarcinoma	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Malignancy of retro-peritoneal tissues grade 3 Operations: Left eliptosis (Mastectomy) grade 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. J. Pray M. D. (M. D. or other)
Address Albany Mo Date signed 3-3-45

110 X

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Clifford Brock

Licensed Embalmer No. 3329

P. O. Address Albany 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.