V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35621

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9671

00
17
9

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri Pacific Hosp? (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks (Specify whether years, months or days)
In this community 22 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2, DeSoto, Mo. (If rural, give location) NR!
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Edward Mathis
3. (b) If veteran, name war None
3. (c) Social Security 702-14-7287
4. Sex Male 5. Color or race White
6. (a) married, 1
6. (b) Name of husband or wife Anne Miller
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb. (Month) 18 (Day) 1881 (Year)

8. AGE: Years 64 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Edingsburgh (City, town, or county) Ind. (State or foreign country) 1
10. Usual occupation Laborer
11. Industry or business Mo. Pac. R.R. Shops
MOTHER FATHER
12. Name William A. Mathis
13. Birthplace Tennessee (City, town, or county) (State or foreign country) 1
14. Maiden name Lindy Nickey
15. Birthplace Indiana (City, town, or county) (State or foreign country) 1
16. (a) Informant Edward Mathis
(b) Address R.F.D. #2 - DeSoto - Mo.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 11-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, DeSoto, Mo.
18. (a) Signature of funeral director J. Lee Mothershead
(b) Address DeSoto - Mo.
19. (a) NOV 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th year 1945 hour 11 minute 24 P. M.

21. I hereby certify that I attended the deceased from Oct. 1, 1945, to Nov. 4, 1945, that I last saw him alive on Nov. 4, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	16 mo.+
Due to Carcinoma left jaw	16 mo.+
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature James R. Wescoat (M. D. or other)
Address Mo. Pacific Hosp. Date signed Nov. 5, 1945

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1959

DEC 6 1945

1496

1496

SEP 11 1947

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 J. Lee Molhenshead

Licensed Embalmer No. 3531

P. O. Address Dalton Ga

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.