

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38838

Registration District No. 366

Primary Registration District No. 4536

Registrar's No.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Potosi Mo.
(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
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Rural
(d) Street No. Near Shirley mo.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Adel Mattheus
3. (b) If veteran, name war
3. (c) Social Security No.

20. DATE OF DEATH: Month Nov. day 4
year 1945 hour 8 minute 45 P.M.

4. Sex F 5. Color of race Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive

21. I hereby certify that I attended the deceased from
that I last saw h alive on
and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb 23 1872
8. AGE: Years 73 Months 8 Days 11
If less than one day hr. min.

Immediate cause of death
Septicemia
following
Myocarditis
and edema
Other conditions
Major findings:
Of operations
Of autopsy

9. Birthplace Washington Co. Mo.
10. Usual occupation House work

11. Industry or business
12. Name Del Wings
13. Birthplace Washington Co Mo.
14. Maiden name Unknown
15. Birthplace

PHYSICIAN
Underline the cause to which death should be charged statistically.
J. J. O.

16. (a) Informant Thurman Wings
(b) Address Potosi Mo.
17. (a) Burial
(b) Date thereof 11 7 45
(c) Place: burial or cremation Palmer mo.
18. (a) Signature of funeral director Annis Sparks
(b) Address Potosi mo.
19. (a) Nov 15 45
(b) Mrs. G. L. ...

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature J. F. Preswell (M. J. ...)
Address Potosi Mo. Date signed 11/13/45

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 *Murphy L Sparks*.....

Licensed Embalmer No. *4236*.....

P. O. Address *Flat River, 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.