

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6341**

**FILED FEB 28 1946**

Registration District No. **178**

Primary Registration District No. **4286**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Lewis**  
(b) City or town **La Grange**  
(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 **78 Years 2 Months 10 Days**  
(Specify whether years, months or days)  
In this community **78 Years 2 Months 10 Days**

3. (a) PRINT **Mattie Beath**  
FULL NAME

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 **Single**  
6. (b) Name of husband or wife **-----** 6. (c) Age of husband or wife if alive **-----** years

7. Birth date of deceased **November 8th 1867**  
(Month) (Day) (Year)

8. AGE: **78** Years **2** Months **10** Days If less than one day hr. min.

9. Birthplace **La Grange Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **-----**

12. Name **Clayborne Beath**  
13. Birthplace **Pike County Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Malvina Stipe**  
15. Birthplace **La Grange Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Herman Vestal**  
(b) Address **La Grange, Missouri**

17. (a) **Burial** (b) Date thereof **1/20/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **La Grange, Missouri**

18. (a) Signature of funeral director **W. Robert**

(b) Address **La Grange, Missouri**

19. (a) **1-22-46** (b) **P. W. Johnson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **18**  
year **1946** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 16** 19**46** to **Jan 18** 19**46**  
that I last saw her alive on **Jan 17** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer Breast & Axilla**

Due to **-----**

Due to **-----**

Other conditions **-----**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **50**  
Of autopsy **50**

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) Means of injury **-----**

23. Signature **W. R. Johnson** (M. D. or other) **0**  
Address **La Grange, Mo** Date signed **1/29/46**

RECEIVED

District Health Officer No. 10.

District File Number 2-46-258

Date Filed FEB 25 1948

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.....

A.A. Roberts

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri.

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.