

STANDARD CERTIFICATE OF DEATH

State File No. 19717
Registrar's No. 218

Registration District No. 53 Primary Registration District No. 3010

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

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(c) Name of hospital or institution: ST. FRANCIS
(d) Length of stay: In hospital or institution 2 days
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BOLLINGER
(c) City or town RURAL
(d) Street No. NEAR BESSVILLE
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MATTHEW CHARLES WODIKER
(b) If veteran, name war
(c) Social Security No. 202-12-5685

20. DATE OF DEATH: Month June day 18
year 1946 hour 12:00 minute 15 P.M.

4. Sex M race W
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife Edna Wodiker
(c) Age of husband or wife if alive years 24
7. Birth date of deceased FEB. 24 1873

21. I hereby certify that I attended the deceased from 6-16-46 to 6-18-46
that I last saw him alive on 6-16-46
and that death occurred on the date and hour stated above.
Immediate cause of death HEART EXPANSION

8. AGE: Years 73 Months 3 Days 22

Due to
Due to

9. Birthplace ST. LOUIS MO

Other conditions
Major findings: 191.4

10. Usual occupation MAIL HANDLER for ST. TERMINAL

Of operations
Of autopsy 19

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden name unknown

15. Birthplace

16. (a) Informant Mrs. Edna Wodiker

17. (a) REMOVAL (b) Date thereof June 20, 1946

18. (c) Signature of funeral director BAKER FUNERAL HOME

(b) Address LUTE SVILLE, MO

19. (a) 6-20-1946 (b) C. C. Summers

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) HEART EXPANSION

(b) Date of occurrence 6-16-46

(c) Where did injury occur? BESSVILLE MO

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) [Signature]

Address [Address] Date signed 6/24/46

0261 7 7114

RECEIVED

District Health Officer No. 4
District File Number 646-2269
Date Filed 6-29-46

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. E. Graham.....

Licensed Embalmer No. 4010.....

P. O. Address Lutesville, 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.