

**FILED** AUG 21 1946

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 374

Primary Registration District No. 6294

Registrar's No. 33

1. PLACE OF DEATH:

(a) County North  
(b) City or town Rural, Kell township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 2 yrs. (Specify whether years, months or days)  
In this community: 2 yrs.

3. (a) PRINT FULL NAME Margaret Matheny

3. (b) If veteran, name war: 1 3. (c) Social Security No. 1

4. Sex 71 5. Color white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Paul Matheny 6. (c) Age of husband or wife if alive, years 19  
7. Birth date of deceased Oct 1901 (Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Blackstar Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henderson Tangiers  
13. Birthplace Iowa (City, town, or county) (State or foreign country)  
14. Maiden name Mama Goodman  
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Paul Matheny  
(b) Address Pamell, Mo.

17. (a) Rural (b) Date thereof 8-17-46 (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Platteville, Iowa

18. (a) Signature of funeral director Irish C. Dwyer  
(b) Address Grant City, Mo.

19. (a) August 16-46 (b) Edna E. Dawson (Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Pamell (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1946 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from 1, 1946, to 15, 1946; that I last saw him alive on 15, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Injured, he himself by jumping into the ditch well at the farm house.  
Due to same for about 15 mo.

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) suicide  
(b) Date of occurrence 8-15-46  
(c) Where did injury occur? Pamell North Mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? farm home

While at work? no (Specify type of place) (a) Means of injury gun

23. Signature Irish C. Dwyer (M.D. or other) color  
Address Grant City, Mo. Date signed 8-16-46

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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.....

*Arch C. Dumble*

Licensed Embalmer No. *3252*

P. O. Address

*Grant city, 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.**