

FILED OCT 17 1946

Registration District No. 218

Primary Registration District No. 5784

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Darena, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Darena, MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LORAINÉ MATHIS

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 married
6. (b) Name of husband or wife Ellie Mathis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 15th 1916
(Month) (Day) (Year)

8. AGE: Years 29 Months 9 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Lacon, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name W. E. Smith

13. Birthplace Unknown, Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown, Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ellie Mathis

(b) Address Darena, MO

17. (a) Burial (b) Date thereof May 31, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Drace, Tennessee

18. (a) Signature of funeral director Dr. P. J. Kelly

(b) Address 1004 - 46, St. Louis, MO

19. (a) 10-4-46 (b) Gertrude S. Harper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 27th day _____
year 46 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from Feb 19, 46 to May 27, 46
that I last saw her alive on May 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 hours
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 947 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) _____ (Specify means of injury)

23. Signature A. P. Fenton (M. D. or other) _____
Address W. York Date signed 9/27/46

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

RECEIVED

District Health Office No. 2,

District File Number 1046-122

Date Filed 10-14-46

OCT 31 1946

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 Frank Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.