S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34567

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 18

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City Mo
(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 ..... (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Clair 9
(c) City or town Appleton City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Alice Mayme Mathews
3. (b) If veteran, name war none
3. (c) Social Security No. .....
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Hall Mathews
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 10 (Day) 1882 (Year)
8. AGE: Years 64 Months 3 Days 21 If less than one day ..... hr. ..... min.
9. Birthplace Mo (City, town, or county) (State or foreign country) 1
10. Usual occupation Housekeeping
11. Industry or business .....
FATHER
12. Name Peter D Huff
13. Birthplace Mo (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Mary E Appleyard
15. Birthplace Ill (City, town, or county) (State or foreign country) 1
16. (a) Informant David Huff
(b) Address Wichita Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hanwood Mo
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) Oct. 4-46 (Date received local registrar) (b) Mrs. Ola Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1946 hour 9 minute 45 a.m.
21. I hereby certify that I attended the deceased from Oct 2, 1946 to Oct 2, 1946 that I last saw her alive on Oct 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to Arterial Sclerosis
Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy 31B

Duration

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? 0
(Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature R L Hermann (M. D. or other) MD
Address Appleton City Mo Date signed 10-4-46

285 (Licensed Embalmer's Statement on Reverse Side)

OCT 15 1946

RECEIVED
Di[illegible] Office No. 7,
[illegible] 9-46-1020
[illegible] 10-9-46

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~~ .....
Oct 2 - 1946, Registered Apprentice No. .....,
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton 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.