

FILED DEC 12 1947

Registration District No. **3 2 4**

Primary Registration District No. **3072**

Registrar's No. **241**

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall, Mo.
 (c) Name of hospital or institution: 854 South Lafayette
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
 (c) City or town Marshall
 (If outside city or town limits, write "RURAL")
 (d) Street No. 854 S. Lafayette
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Bell Matheny

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 widowed
 6. (b) Name of husband or wife G. E. Matheny 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 12, 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 11 _____ hr. _____ min.

9. Birthplace Paris, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
 12. Name John A. Hawkins
 13. Birthplace Kentucky (City, town, or county) (State or foreign country)
 14. Maiden name Lillian Mary Barron
 15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Elsie Matheny
 (b) Address Marshall, Mo. 854 South Lafayette

17. (a) Burial (b) Date thereof 8-24-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Trilge Park, Marshall, Mo.

18. (a) Signature of funeral director Charles J. ...
 (b) Address Missouri Bell Bldg.

19. (a) Dec. 4-1947 (b) Sidney T. Gray
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1946 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 8 1946 to Aug 22 1946 that I last saw her alive on Aug 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage & hypertensive
 Due to Hypertension
 Due to _____

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

Major findings: Of operations G3P
 Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) _____
 Address Marshall, Mo. Date signed 8/24/46

Duration

3 wk

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-11-47

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 R. W. Campbell, Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall

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.