S. No. 2
M—5-43
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o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1535

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla (b) County
(c) City or town Wyandotte
(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 Jack Mathis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 10 (Day) 1870 (Year)

8. AGE: Years 76 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Sweet Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Malcom Mathis
13. Birthplace Ill (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Harpan
15. Birthplace Ala (City, town, or county) 1 (State or foreign country)
16. (a) Informant Chas Mathis
(b) Address Hood River Ore
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 21 47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairland Cem
18. (X) Signature of funeral director J J Campbell
(b) Address Fairland, Okla
19. (a) 1-24-47 (Date received local registrar) (b) Ed E Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1947 hour 6 minute 15PM M.

21. I hereby certify that I attended the deceased from January 6, 1947 to January 19, 1947
that I last saw him alive on Jan. 19, 1947, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart & Respiratory failure	
Due to: Carcinoma prostate	
Due to	
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.

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

23. Signature W. E. Heimbur (M. D. or other) Dr
Address 521 West Fourth St Date signed 1/20/47

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(Licensed Embalmer's Statement on Reverse Side)

47-1-71

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.