V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7992

Primary Registration District No. 1000

Registrar's No. 349

11
7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Sisters Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days. (Specify whether
In this community Four Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 North 15th. Street 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Littleton Mathis.

3. (b) If veteran, name war NO

3. (c) Social Security No. 500-07-2952

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Nellie Mathis.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 5th. (Day) 1871 (Year)

8. AGE: Years 76 Months 2 Days 3 If less than one day hr. min.

9. Birthplace IOWA (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Retired Farmer. 1

11. Industry or business Farming.

FATHER
12. Name Isaac Mathis
13. Birthplace -------- (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Rockenfield
15. Birthplace Dayton, Ohio. (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Pearl Buczek
(b) Address 7110 King Hill Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Old Cemetery-Maysville, Mo.

18. (a) Signature of funeral director Mrs E. R. Sidenfaden
(b) Address 602 South 10th. Street

19. (a) 3-13-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th. year 1947 hour 12 minute 40 P M.

21. I hereby certify that I attended the deceased from March 1 1947 to March 8 1947; that I last saw him alive on March 8 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	over
Due to: Generalized Arteriosclerosis	2 yrs.
Due to Cardiac Decompensation	
Due to Aricular Fibrillation	
Senility	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93D

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Ann W. Craig MD. (M. D. or other)
Address 405 Tootle Bldg. Date signed 3-10-47

282 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Mollie E. Siedenfaden Fop

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.