

S. No. 2
M-1/47
7. 5-17-39

FILED NOV 13 1947 L

Registration District No. **1943 L**

Primary Registration District No. **5498**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County: Harrison

(b) City or town: Rural - N.W. of Eagleville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 53 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Harrison

(c) City or town: Rural N.W. of Eagleville
(If outside city or town limits, write "RURAL")

(d) Street No.: Hamilton Township
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: William Henry Mathis

3. (b) If veteran, name war: No.

3. (c) Social Security No.: NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1947 hour 2 minute 45 P.M.

4. Sex: MALE

5. Color or race: W

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: Sardie Mathis

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

7. Birth date of deceased: Oct 3 1872
(Month) (Day) (Year)

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

Immediate cause of death: _____

8. AGE: Years 75 Months 0 Days 22
If less than one day: _____ hr. _____ min.

Due to: Cornary Thrombosis

Due to: _____

9. Birthplace: Nashville - Ind.
(City, town, or county) (State or foreign country)

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

Major findings: _____
Of operations: U4A

Of autopsy: _____

10. Usual occupation: Farmer

11. Industry or business: own farm

12. Name: Henry Mathis

13. Birthplace: Indiana
(City, town, or county) (State or foreign country)

14. Maiden name: not known

15. Birthplace: not known
(City, town, or county) (State or foreign country)

16. (a) Informant: Wm E Mathis
(b) Address: Engelsburg, Ia

17. (a) Burial (b) Date thereof: 10/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Payne Cemetery
Wm E Mathis

18. (a) Signature of funeral director: _____
(b) Address: Lamar, Ia

19. (a) 10-30-47 (b) Chas Adair
(Date received local registrar) (Registrar's signature)

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: 5

23. Signature: Joe E. Wheeler
Address: Bethany Mo Date signed: Oct 25 1947

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

20 file 47
41

00

MISS 6 11 1944

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 _____

myself.

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Wm A Marsh

Licensed Embalmer No. 4400

P. O. Address Lamoni Iowa

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.