No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37160

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1367

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

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 2403 Lafayette St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community About 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2403 Lafayette St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME William Clarence Mathis
3. (b) If veteran, name war None
3. (c) Social Security No. 491-09-6052
4. Sex Male 0
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ora L. Mathis
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased November (Month) 12 (Day) 1875 (Year)

8. AGE: Years 72 | Months 0 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Holt County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Candy Maker
11. Industry or business Douglas Candy Co.
FATHER
12. Name William Mathis
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Anna Foster
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mrs. Ora L. Mathis
(b) Address 2403 Lafayette St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Herman W. Sidenfuden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 11-18-47 (Date received local registrar) (b) E. A. Jenkins (Registrar's signature) 292

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1947 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from 10-1-47, 19..., to 11-12-, 1947
that I last saw him alive on 11-12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Myocardial Regeneration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no. 9375

Duration: Several months

PHYSICIAN
Underline the cause of 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 2
23. Signature C. L. Ferguson (M. D. or other) DO
Address 801 1/2 Francis Date signed 11-13-47

Jefferson City Printing Co. (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 Guy F. Hays, Jr., Registered Apprentice No. 88 working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.