

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Granau Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community 2 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney / Mo.

(c) City or town Rockaway Beach, Mo.
(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 MARY MATTHEWS

3. (b) If veteran, name war None

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 Otho Matthews

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

7. Birth date of deceased 4 - 18 - 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>10</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name William R. Anderson

13. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anne McPheters

15. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. R.S. Battersby

(b) Address 113 Westwood Ave., Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-19-48
(Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director Parker Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 2-18-48 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1948 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 30 1948 to February 18 1948 that I last saw her alive on Feb. 11 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemorrhagic pancreatitis
Bronchogenic carcinoma

Due to _____

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

Major findings: Of operations 470

Of autopsy as stated above

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? _____

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

23. Signature James D. Allee (M. D. or other) MD

Address Columbia, Mo. Date signed 2-18-48

Duration Probably 72 hours

symptom present one month

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/27/08

REAR 8

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 M. N. Phitiadis
Licensed Embalmer No. 3893
P. O. Address Calumet 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.