

Primary Registration District No. 3053

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

1. PLACE OF DEATH:

(a) County PHELPS

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

(c) Name of hospital or institution: McFARLAND REST HOME 4
(If not in hospital or institution, write street number or location)

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

3: (a) PRINT FULL NAME MOSES A. MATHIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W

6. (a) Single, widowed, married, divorced WID 2

6. (b) Name of husband or wife MARTHA E EVANS

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

7. Birth date of deceased DEC 7 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 14
If less than one day hr. min.

9. Birthplace BIRCH TREE MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name GILBRIGHT MATHIS

13. Birthplace UNKNOWN MO 0
(City, town, or county) (State or foreign country)

14. Maiden name SARAH

15. Birthplace UNKNOWN MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant DEWITT C. Mathis

(b) Address PATTON VILLES MO

17. (a) Rural (b) Date thereof 4-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hills Garden, St. Louis

18. (a) Signature of funeral director BAUMANN BROTHERS

(b) Address 2504 WOODSON RD OVERLAND

19. (a) 4-21-48 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PHELPS 81

(c) City or town ROLLA 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21
year 1948 hour 2 minute 01 P.M.

21. I hereby certify that I attended the deceased from Mar 1
_____ 1948 to Apr 21 1948

that I last saw him alive on Apr 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction (?) Duration 2 wks.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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)

(c) Means of injury _____

23. Signature E. E. Frazier (M. D. or other) _____

Address Rolla Mo Date signed 4-21-48

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 4-27-48

APR 27 1948

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 Carl W. Hillman
Licensed Embalmer No. 3501
P. O. Address Orleans, 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.

Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Moses A Mathis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased see 7
(Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days _____ (if less than one day)
hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

no autopsy was done and no facilities available to determine
Due to my impression was probably
old fecal impaction
Due to _____

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

Major findings: Of operations _____
Of autopsy _____ 127 B

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? _____

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

23. Signature E.E. Faid (M. D. or other) _____
Address Rolla Date signed _____

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

SUPPLEMENTARY

S-13613