

FILED MAY 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 12020
48

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

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Shenandoah</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MD</u> b. COUNTY <u>Shenandoah</u>	
b. CITY OR TOWN <u>Shenandoah</u>		c. CITY OR TOWN <u>Shenandoah</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>7. High St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7. High St.</u>		d. STREET ADDRESS (If rural, give location) <u>7. High St.</u>	
3. NAME OF DECEASED a. (First) <u>Mrs S Larna Ella</u> (Type or Print)		b. (Middle) <u>Matyjas</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>arr 22-1949</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>NOV-5-1899</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Shenandoah MD</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J N McGinley</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Wiley</u>	
14. NAME OF HUSBAND OR WIFE <u>August C Matyjas</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Viola Kies</u> ADDRESS <u>Shenandoah MD</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma duodenum</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		152X	
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Anemia</u>			
DUE TO (c) <u>Malnutrition</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Shenandoah County MD</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 15</u> , 19 <u>49</u> , to <u>April 22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 22</u> , 19 <u>49</u> , and that death occurred at <u>11:00 am</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul C. Mueselmae D.O.</u>		23b. ADDRESS <u>Shenandoah, MD</u>	
23c. DATE SIGNED <u>4/23/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>4/24-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Washington McRouse</u>		24d. LOCATION (City, town, or county) (State) <u>Shenandoah MD</u>	
DATE REC'D BY LOCAL REG <u>April 27-1949</u>		REGISTRAR'S SIGNATURE <u>Howard Z. White</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Robert G. Phillips</u>		ADDRESS <u>Shenandoah MD</u>	

DISTRICT HEALTH OFFICE
Cameron, 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 _____

~~Student Embalmer No.~~ _____

working under my personal supervision.

Signed _____

L. H. Phillips

Signed _____
Student Embalmer

Licensed Embalmer No. *1898*

P. O. Address *Stanton, 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.