

Registration District No. 538Primary Registration District No. 3028Registrar's No. 103

1. PLACE OF DEATH:

- (a) County Madison
 (b) City or town Fredericktown
 (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 always
years, months or days)3. (a) PRINT FULL NAME ERMENTA MATHEWS

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

4. Sex
- Female
5. Color or race
- White
6. (a) Single, widowed, married, divorced
- Married

6. (b) Name of husband or wife
- Geo Washington
6. (c) Age of husband or wife if alive
- Dec
- years

7. Birth date of deceased
- Oct. 14 1848
-
- (Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 4 If less than one day _____ hr. _____ min.9. Birthplace Madison County (City, town, or county) (State or foreign country) 010. Usual occupation Housewife

11. Industry or business _____

12. Name Wm Burkes13. Birthplace Tennessee (City, town, or county) (State or foreign country)14. Maiden name Lydia Margaret Lloyd15. Birthplace Tennessee (City, town, or county) (State or foreign country)16. (a) Informant's own signature Lloyd Cooper Holston(b) Address Fredericktown Mo17. (a) Burial (b) Date thereof 12-20-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Little Vine, Madison County18. (a) Signature of funeral director Stanley H. Dixon(b) Address Fredericktown Mo19. (a) Dec 19 1939 (b) S. C. Slaughter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Madison
-
- (c) City or town
- Fredericktown
-
- (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19th
year 1939 hour three minute 15 P.M.21. I hereby certify that I attended the deceased from Dec 9, 1939, to Dec 18, 1939;
that I last saw her alive on Dec 18, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial Degeneration Duration 10 yrs.Due to old ageDue to 930Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 223. Signature E. W. DeLorenzo (M. D. or other) D. O.Address Fredericktown Mo Date signed 12-20-39

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.....

Stanley H. Dixon
.....
working under my personal supervision.

Registered Apprentice No. *214*

Signed *William B. O'Connor*

Licensed Embalmer No. *3975*

P. O. Address *Fredericktown Md*

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, above space should be left blank.