

REG. MAR 25 1941

Registration District No. 632

Primary Registration District No. 4882

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer
(If outside city or town limits, write "RURAL" and name of township)
(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 1
In this community 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Thayer 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Mattie Ada Percival
3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 15
year 1941 hour 9 minute 40 a. M.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward R. Percival 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased: 12 (Month) 25 (Day) 1870 (Year)

21. I hereby certify that I attended the deceased from Jan 29-41 to Feb 15-41
that I last saw her alive on Feb 15-41 and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial Pneumonia Duration 3 weeks

8. AGE: Years 70 Months 1 Days 20 If less than one day hr. min.

Due to _____
Due to 197

9. Birthplace Mountain Home Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Arch. Anderson

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 Chris Percival

(b) Address Thayer Mo.

17. (a) Burial (b) Date thereof 2-16-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chitty

18. (a) Signature of funeral director Ed. L. Com

(b) Address Thayer Mo.

19. (a) MAR. 5-1941 (b) Stola E. Johnson (Date received local registrar) (Registrar's signature)

Other 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? 563

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. A. Baird (M. D. or other) Thayer Mo.

Date signed Feb 20 41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3-0

RECEIVED

District Health Officer No. 5,

District File Number 341362

Date Filed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.