

14 1942 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 93

24
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Clay COUNTY HOME 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 20 days
(Specify whether)

In this community 10 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 211 1/2 Thompson Ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME: FRED S. MATHES

3. (b) If veteran, name war. -

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1942 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced. 9

6. (b) Name of husband or wife Elvy Miller Mathes 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan 7 - 1897
(Month) (Day) (Year)

Immediate cause of death Generalized Sarcoma.

Due to Lipo sarcoma, Rt. Popliteal space. 3 yrs.

Due to 46 h

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

55 10 16 ✓ hr. - min.

9. Birthplace Harrison Co, Mo (City, town, or county) (State or foreign country) ✓ 0

10. Usual occupation Salesman

11. Industry or business Industry

MOTHER FATHER

12. Name Thomas Mathes

13. Birthplace Franklin Co Ind (City, town, or county) (State or foreign country) 1

14. Maiden name Rebecca Cook

15. Birthplace Iowa (City, town, or county) (State or foreign country) 1

PHYSICIAN

Major findings: Retropertitoneal Sarcoma
Sarcoma Rt. Pleural space.
Of autopsy + Heart muscle

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ruth Smith

(b) Address Excelsior Springs Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 11/27/42
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs Mo

19. (a) Nov. 25, 1942 (b) Helen Early
(Date received local registrar) (Registrar's signature)

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 H. M. Wiley (M. D. or other) 0
Address Columbia, Mo Date signed 11-29-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-11-42

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.