

FILED JUN 3 1943

Registration District No. _____ Primary Registration District No. **2000**

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD

(c) Name of hospital or institution: 123 N. CLAY 1

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield

(d) Street No. 223 N. Clay

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME MATILDA C. BATH

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1943 hour 12 minute 05 A.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Dec 14 1892 years

7. Birth date of deceased May 14 1892

21. I hereby certify that I attended the deceased from May 6 - 7 1943

that I last saw her alive on May 6 1943

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>11</u>	<u>23</u>hr.....min.

Immediate cause of death Cancer

Stomach

Cystitis

9. Birthplace Sparta Mo.

Due to.....

Due to.....

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death) 52 lb

11. Industry or business In home

Major findings: Of operations.....

12. Name Tom Weatherford

Of autopsy.....

13. Birthplace Unknown Unknown

14. Maiden name Pauline M. Collom

15. Birthplace Unknown Unknown

16. (a) Informant Frank Bath

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof May 9 1943

(c) Place: burial or cremation White Oak Cem

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?

18. (a) Signature of general director J. W. Klingner

(b) Address Springfield, Mo.

19. (a) 5-8-43 (b) J. W. Handley

23. Signature P. E. Alder (M. D. or other) 0

Address Springfield Mo Date signed 5/7/43

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. 4071

P. O. Address Springville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.