

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town RURAL JEFFERSON TWP.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community 3 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cedar

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

(d) Street No. JEFFERSON TWP.  
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY FRANCIS 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 widowed

6. (b) Name of husband or wife JONATHAN Mathews 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 19 1857  
(Month) (Day) (Year)

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

85 10 12 hr. min.

9. Birthplace Leavensworth Co. KANS.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business OWN HOME

MOTHER FATHER

12. Name SAMUEL Swisher

13. Birthplace UNKNOWN UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name ELLEN UNKNOWN

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

16. (a) Informant Mamie Woodruff

(b) Address Humanville Mo

17. (a) BURIAL (b) Date thereof Sept. 3-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DELAWARE CEMETERY

18. (a) Signature of funeral director Humanville Mo

(b) Address \_\_\_\_\_

19. (a) 8-30-43 (b) Mrs Ethel Caharel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31  
year 1943 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to arteriosclerosis

Due to old age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 3 weeks

Since 4 years

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 A J Stuppman (M. D. or other) \_\_\_\_\_  
Address Humanville, Mo Date signed 9-1-43

RECEIVED

District Health Officer No. 7,

District File Number 8-43-883

Date Filed 9-3-43

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.....

by me....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. H. Remm.....

Licensed Embalmer No. 4282.....

P. O. Address Humansville, 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.