

FILED  
62  
1  
1

JUL 9 1943

Registration District No. **206**

Primary Registration District No. **3042**

Registrar's No. **37**

1. PLACE OF DEATH:  
(a) County **Madison**  
(b) City or town **Fredericktown**  
(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. (Specify whether  
In this community..... (Specify whether  
years, months or days)

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) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Sebastian Cabot Mathews**

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

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

6. (b) Name of husband or wife **Nellie Mathews** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **November 15th, 1872**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>6</b>	<b>22</b>	.....hr. ....min.

9. Birthplace **Bollinger County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **Elijah Mathews**

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

14. Maiden name **Catherine King**

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

16. (a) Informant **George Mathews**

(b) Address **Flat River, Missouri**

17. (a) **Burial** (b) Date thereof **6-9-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mine LaMotte, Mo.**

18. (a) Signature of funeral director **Stanley A. Dixon**

(b) Address **Fredericktown, Missouri**

19. (a) **June 9, 1943** (b) **S. C. Slaughter**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7th**  
year **1943** hour **3:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **February 10<sup>th</sup>**, 19**43** to **June 7<sup>th</sup>**, 19**43**  
that I last saw him alive on **June 7<sup>th</sup>**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Senile pneumonia** **29 hrs.**

Due to **Cardiac failure**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **109!!**  
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 **2**

23. Signature **Kirk L. Hull** (M. D. or other) **D.O.**  
Address **Fredericktown, Mo** Date signed **6-9-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

481

RECEIVED

District Health Officer No. 4  
District File Number 743-2429  
Date Filed 7-8-43

---

---

**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 Virgil H. Kelch  
Licensed Embalmer No. 4102  
P. O. Address Fredericktown

**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.**