

REC'D JUL 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21602
Do not use this space.

1. PLACE OF DEATH

(a) County.....Buchanan..... Registration District No.....85

(b) Township.....1..... Primary Registration District No.....1001..... Registered No.....539

(c) City.....St. Joseph..... (d) Street No.....636 Powell..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Denton Matteson Sr.

(a) Residence, No. 636 Powell St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Matteson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12th 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

57 8 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Girard (STATE OR COUNTRY) Kansas

13. NAME Robert Matteson

14. BIRTHPLACE (CITY OR TOWN) Morris (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Winnie Catherine

16. BIRTHPLACE (CITY OR TOWN) Mainardville (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs. Eva. Matteson (ADDRESS) 636 Powell St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE June 26th 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED June 26, 1939 H. Mathews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24th, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1939 to June 24, 1939 that saw h. i. m. give on June 24, 1939 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction

5/6

Date of onset 6/18/39

Other contributory causes of importance:

Arteriosclerosis

Arterial Rheumatism

1928

Name of operation..... Date of.....

What test confirmed diagnosis? Clind Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased no

If so, specify

(Signed) Leslie Beckwith, M. D.

(Address) King, 1011 1/2

St. Joseph

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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, above space should be left blank.