

SEP 23 1940
Registration District No. 538

Primary Registration District No. 5729

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madison, Mo
(b) City or town Rural - Oak Grove
(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 2
In this community years (Specify whether years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Rural - Oak Grove
(If outside city or town limits, write "RURAL") _____
(d) Street No. Pelba township
(If rural, give location) _____
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Joseph Eggleston Matthews
3. (b) If veteran, name war no 3. (c) Social Security No. 44-1552

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 30
year 1940 hour 12 minute 35 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cherokee Smullen Matthews 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug 10 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1st, 1940, to Aug 30, 1940
that I last saw him alive on Aug 24, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months - Days 20 If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage Duration 3 hrs
Due to Hypertension
Due to _____

9. Birthplace Madison Co Missouri
(City, town, or county) (State or foreign country)

Other conditions Chronic Hepatitis 2 yrs
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business _____
12. Name Francis B Matthews
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Lucy Skaggs
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 121
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Nellie Sifford
(b) Address Fredricksburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Madison Co Mo

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? no

18. (a) Signature of funeral director Ch H. Weber
(b) Address Fredricksburg Mo
19. (a) Aug 31 - 1940 (Date received local registrar) (b) S. C. S. Langsdorf (Registrar's signature) (c) By W. A. Schramm (Licensed Embalmer's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature S. C. S. Langsdorf (M. D. or other) Address Fredricksburg Date signed 9/3/40

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.....

was not embalmed, Registered Apprentice No.
working under my personal supervision.

Signed..... *Ed. H. Webb*

Licensed Embalmer No. *731*

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, above space should be left blank.