DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32619

Registration District No. 082 FILED OCT 18 1940

Primary Registration District No. 5779

Registrar's No. 33

1. PLACE OF DEATH:

(a) County MONROE

(b) ~~City or town~~ RURAL - JACKSON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8 MI. S.W. OF PARIS, MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 20 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

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

(d) Street No. 8 MI. S.W. OF PARIS, MO.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME CHARLES BOND MATTHEWS

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GEORGIANNA MATTHEWS.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JAN. (Month) 6 (Day) 1853 (Year)

8. AGE: Years 87 | Months 8 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace PITTSBURG (City, town, or county) PA. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name WM MATTHEWS
13. Birthplace (City, town, or county) PA. (State or foreign country)

MOTHER
14. Maiden name MARGRET YOUNG
15. Birthplace (City, town, or county) PA. (State or foreign country)

16. (a) Informant's own signature [signature]
(b) Address Topeka Kansas

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation MEXICO, MO

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) 9-23-40. (Date received local registrar) (b) F. A. Barrett, M.D. (Registrar's signature) R. Z.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 22ND year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 14, 1940, to Sept 22, 1940 that I last saw him alive on Sept. 22, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebrovascular Thrombosis	5 days
Due to Arteriosclerosis	N.K.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo M. Kepler (M. D. or other)
Address PARIS, MO. Date signed 9-23-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-40-1908
Date Filed OCT 9 1940

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MO.

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

If this body is not embalmed, above space should be left blank.