

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

JAN 20 1941

Registration District No. 1040

Primary Registration District No. 5736

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Maries
 (b) City or town Rural Miller Twp
 (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 _____
 years, months or days 70

3. (a) PRINT FULL NAME James Henry Matthews

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

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

6. (b) Name of husband or wife Sarah Elnor Matthews 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 12 1862
 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Henry Matthews

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

14. Maiden name Levia Benton
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Marion Matthews

(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 11/16/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Mo.

19. (a) 12-16-40 (b) Ch Winkelman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Dixon
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
 year 1940 hour _____ minute 9:30 A. M.

21. I hereby certify that I attended the deceased from Nov 6
1940, 19____, to Nov 13, 1940
 that I last saw him alive on Nov 13, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 9 days

Due to _____

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?

While at work? (Specify type of place) _____
 (a) Nature of injury _____

23. Signature Donley Gates (M. D. or other) Do

Address Brinktown, Mo Date signed Nov 16

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.....

November 14, 1940

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Fred H. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, 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, above space should be left blank.