

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1352
312

Registration District No. 399

Primary Registration District No. 1002

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2216 E. 19th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lewis Mathews

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Frances Mathews

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: 12 (Month) 18 (Day) 1875 (Year)

8. AGE: Years 65 Months 0 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Bay Mills, Marshall, Mich. U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Emanuel Mathews

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

14. Maiden name Unk.

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

16. (a) Informant John Mathews

(b) Address 801 Euclid

17. (a) Burial (b) Date thereof Jan. 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adkins Bros

(b) Address 2000 E. 12th

19. (a) Jan 21 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")

(d) Street No. 2216 E. 19th 8
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1941 hour 7:30 minute am.

21. I hereby certify that I attended the deceased from 1-2- 1941, to 1-15- 1941;
that I last saw him alive on 1-15- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis 17yrs.
(Kidney) 1319

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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) Means of injury D.

23. Signature E. J. Hargh (M. D. or other)

Address 2200 East 18. Date signed 1-16-41

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

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

Edw. G. Evans

Licensed Embalmer No.....

3836

P. O. Address.....

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.