

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9818**
1227
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

18
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Kansas City Convalescent Home
3200 Worridge
(If in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4
(Specify whether
In this community --
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **999**
(a) State Kansas (b) County Johnson **14**
(c) City or town Near Kansas City **0**
(If outside city or town limits, write "RURAL")
(d) Street No. 6118 Delmar Johnson Co.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 20 years.

3. (a) PRINT FULLNAME Gus M. Mathis

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26
year 1941 hour 10 minute 04 P.M.

3. (b) If veteran, name war -- 3. (c) Social Security No. --

21. I hereby certify that I attended the deceased from 2-28-41
1941 to 3-26-41, 1941
that I last saw him alive on 3-25-41, 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Iva M. Mathis 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Nov. 15, 1870
(Month) (Day) (Year)

Immediate cause of death
Due to Atherosclerosis
Due to 97
Other conditions (Include pregnancy within 3 months of death) 97
Major findings:
Of operations
Of autopsy

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>4</u>	<u>11</u>	<u>hr. min.</u>

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

10. Usual occupation Bookkeeper

11. Industry or business

12. Name Alonzo Mathis

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

14. Maiden name Hester Flanger

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Iva M. Mathis

(b) Address 6118 Delmar, Johnson Co., Kans.

17. (a) Removal (b) Date thereof Mar. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director Gale Funeral Home

(b) Address Kansas City Kansas

19. (a) 3/26/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature A. P. Langenau (M. D. or other)
Address 428 S. White Ave Date signed 3-26-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Paul Lauvengans
428 S. White

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..... *D Ross Blanford*

Licensed Embalmer No. *4015*

P. O. Address *Stateville 041*

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.