

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**
(a) County **Kansas City**
(b) City or town
(c) Name of hospital or institution: **20 West 66**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **56 Years** (Specify whether years, months or days)
In this community **56 Years**

3. (a) PRINT FULL NAME **Michael Mathews**
8. (b) If veteran, name war **No** 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Josephine Mathews** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **March 7 1864**
(Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **21** If less than one day hr. m.p.
9. Birthplace **Syracuse New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Horseshoer**

11. Industry or business
12. Name **Hugh Mathews**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Johanna McConnell**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Anna Mathews**
(b) Address **3030 Forest, K. C. Mo.**
17. (a) **Burial** (b) Date thereof **4-30-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **J. F. O'Donnell Co.**
(b) Address **3256 Broadway, K. C. Mo.**
19. (a) **Apr 28, 1941** (b) **M. H. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3030 Forest**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **28**
year **1941** hour **4** minute **50 A** M.

21. I hereby certify that I attended the deceased from **April 15 1941** to **April 28 1941**;
that I last saw him alive on **April 27** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **6 days**
Due to **Cholera Myocarditis** **9 27** ?
Due to **Proliferation with infarct bladder** **2 days**
Other conditions (Include pregnancy within 3 months of death) **9 27**

PHYSICIAN
Major findings: Of operations
Of autopsy

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 **Dr. M. H. Crow** (M. D. or other)
Address **220 Angell Bldg** Date signed **4/28/41**

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address 11 C. 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.