No. 2 4-13-40 i-17-39 I X23159	BURRAU OF THE CENSUS STANDARD CERTIF	BOARD OF HEALTH FICATE OF DEATH State File No
	Registration District No	rict No 1001 Registrar's No
RECORD	1. PLACE OF DEATH (a) County BuChanan (b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Buchanan (c) City or town St. Joseph
PERMANENT R	(c) Name of hospital or institution: 211 E. Colorado (Home) (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. 17 years (Specify whether years, months or days)	(f) City of town (If outside city or town limits, write "RURAL") (d) Street No. 211 E. Colorado (If rural, give location) (e) If foreign born, how long in U. S. A.?
. ⋖	3. (a) PRINT Bertha A. Matthews 3. (b) If veteran, and war NO None	MEDICAL CERTIFICATION 20. DATE OF DEATH, Month Children Mindeld 119h th.
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE	6. (a) Single, widowed, married, divorced Maried 6. (b) Name of husband or wife Jess 6. (c) Age of husband or wife if	21. I hereby certify that I attended the deceased from 27, 1941; that I last saw in 2 alive on 2, 1941; and that death occurred on the date and hour stated above. Imprediate case of death Duration
	7. Birth date of deceased September 3 1878 (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day	Due to Rubina delia and bus.
	62 7 6 hr. min. 9. Birthplace Rich Hill, Missouri (City, town, or county) (State or foreign country) HOUSewife.	Other conditions Chrome thermologiathoin 8 no. (Inchde pregnancy within 3 months of death)
	11. Industry or business Home Home	Major findings: Of operations Underline the cause to which death
	Unknown (City, tows, or county) (State or foreign country) 16. (c) Informant (City, tows, or county) (State or foreign country) (City, tows, or county) (City, tows, or county)	Of autopsy
	17. (a) Burial (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation Bethel (Month) (Day) (Year)	(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)
	18. (a) Signature of funeral director (b) Address (c) Address (d) Address (Date received local registrar) (Licensed Embalmer's Sta	23. Signature 22 4 Sep. and T. 10SEP Date signed 7941
L	(Electised Embalmer's Sta	/ , .

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse a	side of this certificate was embalmed by	me, or by
· · · · · · · · · · · · · · · · · · ·	Myself).
working under my personal supervision.	.	\bigcap 0	

THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

Note: The above MUST BE SIGNED BY THE LICENSED EMI
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.