

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21542

State File No. \_\_\_\_\_

Registration District No. 241

Primary Registration District No. 5334

Registrar's No. 1281

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Buffalo  
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Buffalo Rural 3 11  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARCHIE OBEN MATHEWS

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 708-16-2851

20. DATE OF DEATH: Month July day 10 year 1941 hour 0:55 minute 9 M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

21. I hereby certify that I attended the deceased from 7-10-1941 to 7-19-1941; that I last saw him alive on 7-10-1941; and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 18 1882  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 3 hours

8. AGE: Years 5-8 Months 11 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_ Due to \_\_\_\_\_

9. Birthplace Washington Co, Kansas  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Acorn Carpenter

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

12. Name Mr Mathews

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? \_\_\_\_\_

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

14. Maiden name Waller

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

16. (a) Informant Eme Mathews

(b) Address Buffalo Mo

17. (a) Oak Lawn (b) Date thereof July 11 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Kan

18. (a) Signature of funeral director L B Jones

(b) Address Buffalo Mo

19. (a) 7/10/41 (b) Thany Moma  
(Date received by registrar) (Registrar's signature)

23. Signature R E Narell (M. D. or other) R M D  
Address Buffalo, Mo Date signed 7-12-41

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

AUG 27 1941

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1202

Date Filed 7-22-41

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.....

Licensed Embalmer No.....

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.