

No. 2  
-1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30712  
3469

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Missouri  
(c) Name of hospital or institution: General Hospital No. 1  
(d) Length of stay: In hospital or institution 9 days  
In this community About 20 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2709 Holly  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mathew Robert A.  
3. (b) If veteran, name war World War  
3. (c) Social Security No. 490-16-8302

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 16  
year 1941 hour 8 minute 15 A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Minnie Hazel Mathews  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased May 19 1890

21. I hereby certify that I attended the deceased from Sept. 8th 1941 to Sept. 16th 1941; that I last saw him alive on September 16 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 3 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral-vascular thrombosis  
Due to carcinoma of urinary bladder

9. Birthplace Kansas  
10. Usual occupation Plumber

Due to \_\_\_\_\_  
Other conditions 52 f  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name Francis Mathews  
13. Birthplace Illinois  
14. Maiden name Elizabeth Barber  
15. Birthplace Missouri

Major findings: Of operations \_\_\_\_\_  
Of autopsy see above  
52 f

16. (a) Informant Mrs. Minnie Mathews  
(b) Address 2709 Holly Street; K.C. Mo.  
17. (a) Burial (b) Date thereof 9 18 41

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(c) Place: burial or cremation Forest Hill  
18. (a) Signature of funeral director Wailert Funeral Home  
(b) Address 2332 Monitor Place; K.C. Mo.  
19. Sept 17-1941 (b) M M Crowe

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_  
23. Signature Downey R. Fhoar (M. D. or other) 0  
Address Med. Dir. K.C. General Hospital Date signed \_\_\_\_\_

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

18  
9  
8

Mc

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

OCT 14 1944

**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..... *Blaine E. Walcott*  
Licensed Embalmer No. *4075*  
P. O. Address *2332 Mount St*

**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.**