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26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
KILLED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31102**
Registrar's No. **F 59**

Registration District No. **85**

Primary Registration District No. **1001**

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: **ST. JOSEPH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 hr - 5 min**
(Specify whether
In this community **7 hr - 5 min**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **Halls**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 1/2 mi. East of Halls**
Parents at (If rural, give location)
(e) Citizen of foreign country? **—** (Yes or No)
If yes, name country **—**

3. (a) PRINT FULL NAME

Richard Matthews

3. (b) If veteran, name war **—**

3. (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 **—**

6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **9 - 11 - 41**
(Month) (Day) (Year)

8. AGE:

Years **0** Months **0** Days **0** If less than one day **7 hr 5 min**

9. Birthplace **St. Joseph, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **—**

11. Industry or business **—**

MOTHER FATHER

12. Name **Robert James Matthews**

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

14. Maiden name **Beatrice Lucile Martin**

15. Birthplace **Halls, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lucile Matthews**

(b) Address **Halls, Mo**

17. (a) **Burial** (b) Date thereof **Sept 17 - 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetery - Halls, Mo**

18. (a) Signature of funeral director **Clark Mortuary**

(b) Address **522 1/2 King Hwy**

19. (a) **9/17/41** (b) **H. J. Keel**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **11**
year **1941** hour **8** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Sept 11** to **Sept 11**, 19**41**, that I last saw him alive on **Sept 11**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiated**

Duration

Due to **Prematurely Foreign mother in months due to breech delivery**

Other conditions (Include pregnancy within 3 months of death) **—**

Major findings:

Of operations **—**
159

Of autopsy **—**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. J. H. Keel** (M. D. or other) **MD**
Address **Halls, Mo** Date signed **9-11-41**

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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