

No. 2  
1-4-41  
1-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35295

FILLED NOV 12 1941

Registration District No. 420

Primary Registration District No. 5574

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Platatin

(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 \_\_\_\_\_

In this community 46 years 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson <sup>050</sup>

(c) City or town Rural <sup>0</sup>

(d) Street No. Desoto R. 1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_ <sup>0</sup>

3. (a) PRINT FULL NAME Wm Geo. Matthes

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Caroline Matthes

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 15 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months - Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Farmer

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

12. Name John Matthes <sup>4</sup>

13. Birthplace Germany (City, town, or county) (State or foreign country) <sup>4</sup>

14. Maiden name Unknown <sup>9</sup>

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Theo. Matthes

(b) Address Desoto R1 Mo.

17. (a) Burial (b) Date thereof 10-17-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer cemetery

18. (a) Signature of funeral director Fink Und Co

(b) Address Festus Mo.

19. (a) 10-18-41 (b) Fern Spencer (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1941 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb. 1941 to Oct. 15 1941; and that I last saw him alive on Oct. 8 1941; and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic heart disease years.

Due to General arterio-sclerosis years.

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

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

Major findings: Of operations 938

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 Paul W. McPherson (M. D. or other) M.D.

Address Desoto, Mo. Date signed 10/20/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

501 (Licensed Embalmer's Statement on Reverse Side)

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**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, on ~~by~~ \_\_\_\_\_, Registered ~~Apprentice~~ No. \_\_\_\_\_, working ~~under my personal supervision.~~

Signed Provence  
Licensed Embalmer No. 3403  
P. O. Address Festus 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, fact should be so stated above.**