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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41650

State File No.

Registration District No. 213 | Primary Registration District No. 3014 | Registrar's No. 352

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

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital (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)
In this community: 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Osage 71
(c) City or town: Chamois, Mo. R. D. 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Robert Emerson Matthews
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Child 11
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: December (Month) 3rd (Day), 1941 (Year)

8. AGE: Years ____ Months ____ Days 7 If less than one day ____ hr. ____ min.

9. Birthplace: Chamois, Mo. (City, town, or county) R D (State or foreign country) 0
10. Usual occupation: Child.
11. Industry or business ____

FATHER
12. Name: Harald Matthews.
13. Birthplace: Mint Hill, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Opal Huot
15. Birthplace: Linn, Mo. (City, town, or county) R D (State or foreign country) 0

16. (a) Informant: Delbert Matthews
(b) Address: Mint Hill, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 - 12-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Shirley cemetary
18. (a) Signature of funeral director: Morton Funeral Home
(b) Address: Box 144, Linn, Mo.
19. (a) Dec 11-1941 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th year 1941 hour 3 p.m. minute ____ M.
21. I hereby certify that I attended the deceased from December 8 (2:15 pm) 1941, to December 10th 1941, that I last saw him alive on December 10 (1 p.m.) 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity (7½ mos.) — Duration: 3 mo.
Due to ____
Due to ____
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: F B Krause MD (M. D. or other)
Address: Jefferson City, Mo. Date signed 12/11/41

(Licensed Embalmer's Statement on Reverse Side)

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~~ Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Vernon Norton

Licensed Embalmer No. 4125

P. O. Address Lynn

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.