

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

24

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

864

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME..... **Matthew B. Arbuckle**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mertye** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased.....  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**55** hr. min.

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

10. Usual occupation..... **President - Owner**

11. Industry or business..... **E.O. Clark Abstract Co.**

12. Name..... **W.A. Arbuckle**

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

14. Maiden name..... **Talicha Harris**

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

16. (a) Informant..... **Mrs. M.B. Arbuckle**

(b) Address..... **Muskogee, Okla.**

17. (a) **Removal** (b) Date thereof **1-28-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Muskogee, Okla.**

18. (a) Signature of funeral director..... **Lescher**

(b) Address..... **Muskogee, Okla.**

19. (a) **JAN 26 1942** (b) **J. F. Buddeck**  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Oklahoma** (b) County.....  
(c) City or town..... **Muskogee**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1611 West Broadway**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **27**  
year **1942** hour **2** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **JANUARY 2**  
..... **1942** to **JAN 27** ..... **1942**  
that I last saw him alive on **JANUARY** ..... **19** .....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **CANCER OF THE ESOPHAGUS** Duration **3 MOS.**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **BIOPSY - NECK - SQUAMOUS CELL CARCINOMA**  
Of autopsy..... **CANCER OF THE ESOPHAGUS**

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..... **H. Stetson** (M. D. or other).....  
Address..... **539 NORTH GRAND** Date signed..... **JAN 27 42**

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

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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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*G. W. Wilkerson*

Licensed Embalmer No.....

*3575*

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.**