

V. S. No. 2  
DM-9-4-41  
rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9762

State File No. ....

FILED APR 8 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1267

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-30-42-3-27-42  
(Specify whether  
In this community 50 years  
years, months or days)

3. (a) PRINT FULL NAME PEARL MATHEWS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Chas. Mathews 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 10 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 11 17 hr. min.

9. Birthplace Glasgow Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business  
12. Name Humphrey Woods  
13. Birthplace Glasgow Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret  
15. Birthplace Glasgow Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2  
Burial (b) Date thereof 3/31/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros  
(b) Address 1729 Lydia

19. (a) 3-31-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8 East 30th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1942 hour 7 minute 00 p. M.

21. I hereby certify that I attended the deceased from January 30 1942 to March 27 1942  
that I last saw her alive on March 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Broncho-Pneumonia and Encephalomalacia  
arterios

Due to Cerebral Sclerosis

Due to 8701

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83c  
Of autopsy Same as above

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature J. C. [unclear]  
Address Gen. Hosp. #2-600 Bldg Date signed 3-30-42

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

4838

---

---

**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.....

*Isaac J. Manlove*

Licensed Embalmer No.....

*3994*

P. O. Address.....

*2503 Highland*

**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.**