V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

Registration District No. 3949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9763

Registrar's No. 1490

048
3
8

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

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:
6221 East 11 th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 6221 E. 11 St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna DeHaven Matthew

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George W. Matthew

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Feb 14 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	2	0	hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name James De Haven
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Florinda Farrell
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs Flora Cunningham
(b) Address 6221 East 11 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Springs Mo.

18. (a) Signature of funeral director Mrs C,L,Forster
(b) Address 918 Brooklyn

19. (a) 4-15-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1942 hour 8 minute 25 A M.

21. I hereby certify that I attended the deceased from February 1938, to April 14, 1942
that I last saw her alive on March 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	5 yrs
Auricular fibrillation	3 yrs
Due to Arteriosclerosis -	10 yrs
Hypertension,	10 yrs
Due to 93 D	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) No
(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 E. Ross Kyger, Jr. (M. D. or other) 0 M.D.
Address 540 Prof Bldg Date signed 4-14-42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. 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.