

FILED APR 13 1942

Registration District No. 301

Primary Registration District No. 3012

Registrar's No. 28

1. PLACE OF DEATH:

(a) County L. Jay

(b) City or town Liberty, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 50 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty
(If outside city or town limits, write "RURAL")

(d) Street No. 319 - N. Water St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis H. Matthews

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
year 1942 hour 7 minute 40 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Alice Matthews

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 29 - 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 4, 1942, to _____, 19____
that I last saw him alive on Mar 23, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 8 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral occlusion Duration 6 weeks

9. Birthplace Waverly, Mo. (City, town, or county) Mo. (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Physician

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

11. Industry or business _____

12. Name John W. Matthews

13. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)

14. Maiden name Ella Flanders

15. Birthplace Quebec, N.Y.
(City, town, or county) (State or foreign country)

Major findings: g/a

Of operations _____

Of autopsy _____

16. (a) Informant Mr. F. H. Matthews

(b) Address 319 - Water St. Liberty, Mo

17. (a) Burial (b) Date thereof Mar 25 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary, Liberty, Mo

18. (a) Signature of funeral director Charles Arthur B
Liberty, Mo

(b) Address _____

Underline the cause to which death should be charged statistically.

19. (a) 3-25-42 (b) Edwin Early
(Date received local registrar) (Registrar's signature)

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 Wm. H. Godson (M. D. or other)
Address Liberty, Mo Date signed 3/27/42

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

APR 13 1942

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 4-10-42

JUN 30 1944

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 Edgar Archer
Licensed Embalmer No. 2311
P. O. Address Liberty 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.