

Registration District No. 213Primary Registration District No. 3014

1. PLACE OF DEATH:

- (a) County Jefferson City
 (b) City or town Jefferson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of Hospital or Institution: St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
 (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME

Mollie Matthews

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

F

5. Color or race

W

6. (a) Single, widowed, married,

divorced Widow

6. (b) Name of husband or wife

Geo Matthews

6. (c) Age of husband or wife if

alive

7. Birth date of deceased

Sept 23, 1860
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

8177

hr. min.

9. Birthplace

Osage Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER, FATHER

12. Name

John Brumble

13. Birthplace

Tenn
(City, town, or county) (State or foreign country)

14. Maiden name

Sarah Jane Carver

15. Birthplace

Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Edna Matthews

(b) Address

Jefferson Mo. R.F. 1

17. (a) Place, burial or cremation

Burial

(b) Date thereof

5/3/42
(Month) (Day) (Year)

(c) Place, burial or cremation

Greenwood Cemetery

18. (a) Signature of licensed director

Merston James

(b) Address

Jefferson Mo.19. (a) 4-20-42

(Date received local registrar)

(b) Thorma Richter

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Osage
 (c) City or town Belle, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) 1
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 30
year 1942 hour 3 minute 30 A.M.21. I hereby certify that I attended the deceased from April 16, 1942 to April 30, 1942
that I last saw her alive on April 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia ✓

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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)

(a) Means of injury

23. Signature

J. A. Osmond M.D.

Address

Jefferson City

Date signed

4-30-42

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 Vernon Morton
Licensed Embalmer No. 4125
P. O. Address Levin 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14105

Registration District No. 212

Primary Registration District No. 3014

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mollie Matthews

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 23 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 14 (If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month _____ Day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Due to Pneumonia Bronchial

Due to _____

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

