

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14633

State File No. ....

Registration District No. 14128

Primary Registration District No. 5563

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Jackson Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R # 4 Carthage Mo. /  
(If not in hospital or institution, write street number or location)

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

In this community 40 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. R # 4 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Levi Mathews

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1942 hour 4 minute 30 A.M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased July 25 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10 1942, to April 18 1942  
that I last saw him alive on April 16 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Chronic Nephritis

9. Birthplace Warren Co. New Jersey  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Baker

11. Industry or business None

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name J. S. Mathews

13. Birthplace Unknown New Jersey  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Margaret Cox

15. Birthplace Unknown New Jersey  
(City, town, or county) (State or foreign country)

1318

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Stella Mathews

(b) Address R # 4 Carthage Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Jasper Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

19. (a) April 20, 1942 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

23. Signature R. G. Baker (M. D. or other) D

Address Carthage Mo. Date signed \_\_\_\_\_

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

49  
0  
3

49  
0  
3

8

42-4-369

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 *John D. Batchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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.