

FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH15880
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 890
 (b) Township Wayne Primary Registration District No. 6195
 (c) City Near Lodi Mo. (d) Street No. On Farm St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Lara Matthews St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ben Matthews</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2 - 1903</u> | | |
| 7. AGE | YEARS <u>38</u> | MONTHS <u>8</u> |
| | DAYS <u>22</u> | IF LESS than 1 day: hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House wife</u> | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Wayne Co Mo

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
9

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
717. INFORMANT (ADDRESS)
Ben Matthews18. BURIAL, CREMATION, OR REMOVAL PLACE Cold Water Mo. DATE 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED _____, 19 _____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24, 194222. I HEREBY CERTIFY, that I attended deceased from Sep. 18 -, 1939, to Apr 24 -, 1942I last saw h. ex. alive on Apr 23 -, 1942 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Premature Labor - began strenuous
Get better up & about the house
Resumed house 4/19 - 1942
again Apr 23 - 1942 called
again Apr 24 - died at 4:30 P.M.
so much after the birth = Baby 8 Pounds

Date of onset

3/18 - 1892

Other contributory causes of importance:

Was weak and in appetiteName of operation None Date of 1/20What test confirmed diagnosis Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury: None, 1942Where did injury occur Premature Labor
and Premature Labor (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? ○If so, specify no(Signed) M. B. Barberty, M. D.(Address) Fredericktown Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

2B
41
9258

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15888

Registration District No. 890

Primary Registration District No. 6195

Registrar's No. _____

1. PLACE OF DEATH: Wayne Rural

(a) County Wayne

(b) City or town Rural
(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 Lara 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 M

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

7. Birth date of deceased Aug 2 1908
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>38</u> | <u>8</u> | <u>10</u> | _____ min. |

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace Wayne Mo
(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 Just Signed
(b) Address _____

19. (a) Aug 24 1942 (b) Lney Bennett
(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 _____

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)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

1942
5-15880