

FILED AUG 10 1942

Registration District No. 5-2-49

Primary Registration District No. 5-0-80

Registrar's No. 30

700

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

1. PLACE OF DEATH

(a) County Bates
(b) City or town Rural West Boone
(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 since 1930 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass
(c) City or town Rural Merwin MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? no years

8. (a) PRINT FULL NAME Fred Elwood Matthews

MEDICAL CERTIFICATION

8. (b) If veteran, _____ 8. (c) Social Security No. _____
name war _____

20. DATE OF DEATH: Month July day 22nd
year 1942 hour 13 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from on
July 22, 1942, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

Immediate cause of death
Coronary Occlusion with
sudden death

6. (b) Name of husband or wife Alberta C. Matthews 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased. Mar. 11th 1875
(Month) (Day) (Year)

8. AGE: Years 67^{1/2} Months 4 Days 11
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Templeton Mass. 1
(City, town, or county) (State or foreign country)

Other conditions
(Include pregnancy within 3 months of death) 94a

11. Industry or business

MOTHER FATHER { 12. Name Albert H. Matthews
13. Birthplace Mass. 1
(City, town, or county) (State or foreign country)
14. Maiden name Elyzabeth Masters
15. Birthplace Mass
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Informant Mrs. Alberta Mathew
(b) Address Merwin MO

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? _____

17. (a) Cremation (b) Date thereof 7-24-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Newcomer R. C. MO

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Paul O. Hattwell (M. D. or other) 0
Address Merwin MO Date signed 7/24 '42

18. (a) Signature of funeral director Archie Bus
(b) Address Archie MO
19. (a) 7-24-1942 (b) Mrs. Will Tucker
(Date received local registrar) (Registrar's signature)

1300

JUN 24 1970

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 Floyd Wilkinson
Licensed Embalmer No. 3920
P. O. Address Harrisonville

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.