

S. No. 2  
M-9-4-41  
Ev. 5-17-39  
X29484

25447

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 7 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 817

Primary Registration District No. 4493

Registrar's No. 817

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

1. PLACE OF DEATH: Scott  
(a) County Scott  
(b) City or town Commerce  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution all of her life  
In this community all of her life  
years, months or days

2. USUAL RESIDENCE OF DECEASED: Scott  
(a) State Mo (b) County Scott  
(c) City or town Commerce  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Haura Adeline Matney  
(b) If veteran, ✓ name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7 day 13  
year 1942 hour 8 minute 30 P. M.

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, 2 divorced Widowed  
(b) Name of husband or wife Sterling Price Matney deceased  
(c) Age of husband or wife 2 years 1918  
7. Birth date of deceased: (Month) 2 (Day) 19 (Year) 1866

21. I hereby certify that I attended the deceased from June 2 1942 to July 10 1942  
that I last saw her alive on July 10 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 4 Days 24 If less than one day ✓  
hr. min.

Immediate cause of death Carcinoma of the liver Duration 6 mo.

9. Birthplace Morley Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Due to ✓  
Due to 464

11. Industry or business  
12. Name Huffstetler  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Kevelet  
15. Birthplace Do not know  
(City, town, or county) (State or foreign country)

Other conditions Gen Arteriosclerosis  
(Include pregnancy within 3 months of death) 2 yrs  
PHYSICIAN

16. (a) Informant Mable Favell  
(b) Address Kennett, Mo.  
17. (a) Burial (b) Date thereof 7-15-1942  
(Burial, cremation, or other) (Month) (Day) (Year)  
(c) Place: burial or cremation North Elm Morley Mo  
18. (a) Signature of funeral director F. H. Hubbard  
(b) Address Illmo, Mo.  
19. (a) 7-16-42 (b) Mrs. Ida Hawkins  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations ✓  
Of autopsy ✓  
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? .....  
23. Signature Fred W. Martin (M.D. or others) DO  
Address Illmo, Mo Date signed 7-14-1942

1034

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Office No. 2,  
District File Number 842-967  
Date Filed 8-4-42

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 Glenn Wilson  
Licensed Embalmer No. 2828  
P. O. Address Jackson 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.