U. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG. 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25614
State File No.

Registration District No. 374 Primary Registration District No. 62-7-345-47 Registrar's No.

113
1
0

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant City Missouri
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth 113
(c) City or town Grant City Mo 0
(If outside city or town limits write "RURAL")
(d) Street No 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Edward McConnell Matteson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband if alive years
7. Birth date of deceased June (Month) 1 (Day) 1858 (Year)

8. AGE: Years 84 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Grafton (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Farm helper

MOTHER FATHER
12. Name Joseph Carlo Matteson
13. Birthplace not known (City, town, or county) Wis. (State or foreign country)
14. Maiden name Catherine Matteson
15. Birthplace not known (City, town, or county) Wis. (State or foreign country)

16. (a) Informant Dr Joe Matteson
(b) Address Carrell Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City Cemetery
18. (a) Signature of funeral director John Andrews
(b) Address Grant City Mo
19. (a) July 28-1942 (Date received local registrar) (b) Arlene Scudder (Registrar's signature)

1104 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1942 hour 11:45 minute P M.
21. I hereby certify that I attended the deceased from January, 1938, to June 20, 1942, that I last saw h alive on June 20, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Old Age accompanied by Myocarditis
Due to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John Andrews M.D. (D. or other)
Address Grant City Date signed July 23

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

John Andrews Jr., Registered Apprentice No.

working under my personal supervision.

Signed John Andrews Jr.

Licensed Embalmer No. 4211

P. O. Address Grant City 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.