S. No. 2
M—9-4-41
v. 5-17-39
I X29484

63
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27655

State File No.

Registration District No. 207 Primary Registration District No. 5256 Registrar's No. 118

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Rural, Jefferson Twp.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries
(c) City or town Rural
(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 0

3. (a) PRINT FULL NAME James Alphus Matthews
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alta
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July (Month) 22, (Day) 1873 (Year)

8. AGE: Years 68 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Owensville (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Filling Station & Grocery
11. Industry or business
FATHER 12. Name F. G. Matthews
13. Birthplace Gasconade County (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name America McGinnis
15. Birthplace Jasper County (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs. Alta Matthews
(b) Address Belle, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21,42 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Belle, Mo.
19. (a) 8-10-42 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, ~~1942~~. year 1942 hour ONE minute 15 A.M.
21. I hereby certify that I attended the deceased from 4/18/41, 19 to 4/20/42; that I last saw him alive on July 19, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to
Contributing cause Cerebral Hemorrhage 1941
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.

94a

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 R. H. Schoenthale M.D. (M.D. or other)
Address Belle, Mo. Date signed 9/25/42

1076

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1942

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 S. G. Linkleter

Licensed Embalmer No. 3359

P. O. Address Belle 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.