U. S. No. 2
10M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33258

Primary Registration District No. 1000

Registrar's No. 926

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 weeks (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. # 6 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Elizabeth Mattucks
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John W. Mattucks
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: February 12, 1876 (Month) (Day) (Year)

8. AGE: Years 66 | Months 7 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace: Buchanan County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: Home

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rebecca Keeling
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Grace Jackson (Dau)
(b) Address: 1924 So. 17th St., City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Robinson, Kansas
18. (a) Signature of funeral director: John E. Rieff
(b) Address: 6054 Prior Ave., City.
19. (a) 9-30-42 (Date received local registrar) (b) Rose Hegay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 42 hour 7 minute 25 A. M.
21. I hereby certify that I attended the deceased from 8-19, 1942, to ___, 19___; that I last saw her alive on 9-26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis — Duration 6 yr
Due to: 131 F
Due to:
Other conditions (Include pregnancy within 3 months of death): Hypertension
Major findings: Of operations:
Of autopsy: No

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: 0

23. Signature: Harold J. Brunner (M. D. or other)
Address: St. Joseph, Mo Date signed: 9-30-42

1255

(Licensed Embalmer's Statement on Reverse Side)

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

Myself; Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P.O. Address 6054 Pryor Ave., C St. Joseph, 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.