

S. No. 2  
M-5-42  
v. 5-17-39  
P-1 X32873

39853

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 31 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4755

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kan City  
(c) Name of hospital or institution: Stasley Hospital  
(d) Length of stay: In hospital or institution 1 wk  
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kan City Mo  
(d) Street No. 4308 - Jefferson St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Le Roy Matthews  
(b) If veteran, name war No  
(c) Social Security No 202-09-3525

20. DATE OF DEATH: Month Dec day 18 year 1942 hour 2 minute 15 P.M.

4. Sex M 5. Color or Race Wh 6. (a) Single, widowed, married, divorced 1 Married  
7. Birth date of deceased June 15 1899

21. I hereby certify that I attended the deceased from 12-5-1942 to 12-18-1942 that I last saw him alive on 12-15-1942 and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 6 Days 3

Immediate cause of death:  
1- Pericarditis - adhesive  
2- Cardiac hypertrophy - large  
3- Pulmonary edema  
4- Passive congestion of spleen and liver

9. Birthplace Oregon Mo

Other conditions: 90 lbs

10. Usual occupation Car inspector

Major findings: Of operations

11. Industry or business Railway

12. Name Le Roy Matthews

13. Birthplace Mo

14. Maiden name Jennie

15. Birthplace Mo

16. (a) Informant Mrs Mildred Matthews

17. (a) Burial (b) Date thereof 12/21/42 (c) Place: burial or cremation Pleasant Hill, Mo

18. (a) Signature of funeral director H. Bergman (b) Address 12/20/42 (c) Registrar's M. M. Crow

Of autopsy: yes

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Wm J. Smith (M. D. or other) Address St. Louis Hospital Date signed 12-19-1942

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

**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.....

*Roy E. Snow*

Licensed Embalmer No. *2560*

P. O. Address *2315 Lennox*

**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.**