

S. No. 2  
M-542  
7-5-17-39  
X32673

7870

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

ED FEB 1943 340  
Registration District No. 340

Primary Registration District No. 6151

Registrar's No. 1

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

1. PLACE OF DEATH

(a) County Stoddard

(b) City or town Rural, Parma Pt I  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None Elk Twp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days) 4 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Parma Pt I  
(If outside city or town limits, write "RURAL")

(d) Street No. 8 1/2 mi. N.E. Parma.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph E. Matthews

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1942 hour 9 minute 9 M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Matthews

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct. 15 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3 1938 to Dec 27 1942 that I last saw him alive on Dec 5 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>67</u>	<u>2</u>	<u>11</u>	hr. min.
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Immediate cause of death Bad sore with infection

9. Birthplace State of Mississippi  
(City, town, or county) (State or foreign country)

Due to Sarile

10. Usual occupation farming

Due to mentally unbalanced

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 1626

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant J. S. Browning

(b) Address Parma Pt I

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? \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Walter J. Browning

(b) Address Parma Mo.

19. (a) 1-6-1943 (Date received local registrar) (b) Cardie Miller (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Cardie Miller (M. D. or other) 1/28/42

Address Parma Mo Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11525

1-6-43

RECEIVED

District Health Office No. 2

District File Number 243-206

Date Filed 2-8-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.