

FILED APR 7 1943

Registration District No. 77

Primary Registration District No. 3012

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Excelsior Springs
(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)
In this community 2 days (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No. 1258 Central Ave 0
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Peter Mathews

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown - 1875
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|--------|------|----------------------|
| | <u>68</u> | | | hr. _____ min. |

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

10. Usual occupation Hay feeder in stables

11. Industry or business _____

12. Name Francis Mathews

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

14. Maiden name Barbara Brinkley

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

16. (a) Informant John Mathews

(b) Address 1703 Waverly Kansas City Mo

17. (a) Removal (b) Date thereof 3-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Salle Illinois

18. (a) Signature of funeral director Claude Richard
(b) Address Excelsior Springs, Missouri

19. (a) 3-15-43 (b) Miss Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1943 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from February 22nd
1943 to March 13 1943
that I last saw him alive on March 13th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute congestive heart failure Duration _____

Due to Cardio-Respiratory complex

Due to _____
Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations _____
Of autopsy no 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur Dawson (M. D. optional)

Address Excelsior Springs Mo Date signed 3-14

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-5-43

REC 4 NOV

MAY 12 1943

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

Claude Prichard

Licensed Embalmer No.

2757

P. O. Address

Excelsior Spgs, 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.