

ED MAY 10 1943 27-882  
Registration District No. ....

Primary Registration District No. 3017

Registrar's No. 51

1. PLACE OF DEATH:  
(a) County **COOPER**  
(b) City or town **BOONVILLE**  
(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 **4 HOURS**  
In this community **1 YEAR** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **COOPER**  
(c) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **519 E. Morgan Street**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ANDREW J. MATTHEWS**  
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **APRIL** day **10th**  
year **1943** hour **10.15** minute **P.M.**

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **MARY E. BADER** 6. (c) Age of husband or wife if alive **DECEASED** years  
7. Birth date of deceased **AUGUST 4 - 1862**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 10 1943** to **April 10 1943**  
that I last saw him alive on **April 10 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture right hip  
Contusions and lacerations  
of head - Shock** Duration **4 hrs**

8. AGE: Years Months Days If less than one day  
**80 8 6** hr. min.

Due to **motor car accident**

9. Birthplace **CASTLE ROCK MISSOURI**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **none** Of autopsy **none**

10. Usual occupation **RETIRED FARMER**

11. Industry or business **FARMING**

12. Name **ANDREW J. MATTHEWS**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **S. M. H. MATTHEWS**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **4/12/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

19. (a) **APR-12-43** (b) **Dr. Chas. Swap**  
(Date received local registrar) (Registrar's signature)

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) **accident U.S.**

(b) Date of occurrence **April 10, 1943**

(c) Where did injury occur? **Cooper Co., mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**U.S. Highway # 40**

While at work? \_\_\_\_\_ (e) Means of injury **car wreck**

23. Signature **T. C. Beckett** (M. D. or other)

Address **Boonville, mo.** Date signed **4-12-43**

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

MOTHER FATHER

1084

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed ~~4-13-43~~  
0-9-43

**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 James W. Stegner  
Licensed Embalmer No. 3780

P. O. Address Boonville, 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.