

FILED JUN 24 1943 49
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
617 E. 13th. St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 yrs. (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jesse H. Matthews

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Minnie Fox Matthews alive _____ years

6. (c) Age of husband or wife if _____

7. Birth date of deceased January 22 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 20 If less than one day hr. _____ min.

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

10. Usual occupation oil & gas. retired

11. Industry or business _____

MOTHER FATHER

12. Name Charles Matthews

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

14. Maiden name unknown

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

16. (a) Informant Stuart Matthews

(b) Address R.R. #5 North Kansas City, Mo.

17. (a) Burial (b) Date thereof 6-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director J. F. [Signature]

(b) Address 3256 Broadway

19. (a) 6-11-43 (b) P. E. Brown
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 617 E. 13th. St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ on _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis with myocardial fibrosis.

Due to _____

Due to _____

Other conditions: 7/4 94
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations.

Of autopsy See above

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)

23. Signature W. E. [Signature] (M. D. or other) MD
Address 2312 [Address] Date signed 6/10/43

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.....

Park G. Rowe

Licensed Embalmer No.....

2347

P. O. Address.....

N. C. 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.