

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21964

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 123

Shilton

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

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME William John Matthews

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 18, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Otterville Missouri - 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Conductor

11. Industry or business C.B. & Q.

12. Name Charles Matthews

13. Birthplace No record 9  
(City, town, or county) (State or foreign country)

14. Maiden name No record  
(City, town, or county) (State or foreign country)

15. Birthplace No record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.J. Matthews

(b) Address 625 Central Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43  
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla, St. Louis Mo.

18. (a) Signature of funeral director Wm. M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 5-3-43 (Date received local registrar) (b) P. W. Connor (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64  
(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 625 Central Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 29, 1943 to May 1, 1943  
that I last saw him alive on May 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess Duration 7 weeks

Due to Meningitis caused from streptococcic infection

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:

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

Of 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) (b) Means of injury \_\_\_\_\_

23. Signature J. B. Shilton (M. D. or other) 0  
Address 500 Broadway, Hannibal Date signed 5-3-43

1146

(Licensed Embalmer's Statement on Reverse Side)

**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.....  
George T. Bond....., Registered Apprentice No. 350.....  
working under my personal supervision.

Signed *Wm M Smith*.....  
Licensed Embalmer No. 1204.....

P. O. Address Hannibal Missouri.....

**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.**