

S. No. 2
M-5-42
v. 5-17-39
X 1283

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25263

State File No.

ED AUG 11 1943
Registration District No. 56

Primary Registration District No. 2001

Registrar's No. 403

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: German Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether)

In this community no times
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

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

(d) Street No. 3/4 + Wood St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Richard Mathews

3. (b) If veteran, name war /

3. (c) Social Security No. 514-17-9580

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 6:30 minute 0 M.

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if
alive 13 years
(Month) (Day) (Year)

7. Birth date of deceased Nov. 13 - 1926
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1943 to 1943
that I last saw him alive on July 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed face head and chest

8. AGE: Years 16 Months 8 Days 4
If less than one day hr. min.

Due to Truck load of ice

Due to turned over on him

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

10. Usual occupation High School boy

11. Industry or business None

12. Name Will Howard Mathews

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

14. Maiden name Josephine Mossman

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

16. (a) Informant Mrs. Steve Rathburne

(b) Address Galena

17. (a) Removal None (b) Date thereof July 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Frank Allison

(b) Address Galena

19. (a) 7-22-43 (b) Richard Mathews
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 170c-6

Of autopsy 28

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 22, 43

(c) Where did injury occur West of Galena Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway # 66

While at work? Truck wreck
(Specify type of place) (Type of injury)

23. Signature P. A. [unclear] (M. D. or D. O. C.)
Address Carthage Mo. Date signed July 23, 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1204

(Licensed Embalmer's Statement on Reverse Side)

43-7-662

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 Removed to Galena Kane, Registered Apprentice No. _____ working under my personal supervision.

Signed Frank Allison
Kan. Licensed Embalmer No. 1321
P. O. Address Galena Kane

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.