S. No. 2
1—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34884

State File No.

NOV 8 1943

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 105

1. PLACE OF DEATH:

(a) County HOWELL

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

(c) Name of hospital or institution:
600 BLOCK E MAPLE AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 17 YEARS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL

(c) City or town WEST PLAINS.
(If outside city or town limits, write "RURAL")

(d) Street No. E. MAPLE AVE.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN T. 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 WIDOWED

6. (b) Name of husband or wife AMANDA J. MATTHEWS.

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

7. Birth date of deceased JULY (Month) 19, (Day) 1858 (Year)

8. AGE: Years 85 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation NONE (INVALID)

11. Industry or business

FATHER
12. Name —
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name —
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant MISSOURI SOCIAL SECURITY RECORDS.
(b) Address WEST PLAINS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 27, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation HOWELL CO. FARM CEM. HOWELL CO. HOWELL TWP.

18. (a) Signature of funeral director Hall Bloomburgh
(b) Address WEST PLAINS, MO.

19. (a) 10-5-43 (Date received local registrar) (b) Earl Hailey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 27, year 1943 hour 1: minute P. M.

21. I hereby certify that I attended the deceased from September 1 1943 to September 27 1943 that I last saw him alive on September 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis

Due to Some Uremia (Nephritis) Had been paralyzed for

Due to Some time for many years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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? About 40 or 50 yds (City or town) (County) (State)

(d) Did injury occur in or about home or farm, in industrial place, in public place (Specify type of place)

While at work? (e) Means of injury

23. Signature J. T. Bingham (M. D. or other)

Address West Plains Mo Date signed 10/5/43

1124

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
Dist... 1143639
Date Filed 11-5-43

WEST
OF
TELEP

...FFICE HOURS: 9-12
HONE: 344

TAKE
Drops
Teaspoons
Tablespoons
When Possible L

Eve...
...imes a Day
Each Meal
Water
...ig

...M. M. D.
MISSOURI

J. W. BINGHA
PLAINS

...A.M. AND 2-5 P
REG. ...

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.