

No. 2
1-42
17-39
X32873

FILED JAN 14 1944

Registration District No. **13**

Primary Registration District No. **5586**

Registrar's No. **225**

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural--Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1/Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Arthur Matthews

3. (b) If veteran, name war No 3. (c) Social Security No. 490-10-1329

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Loretta Matthews 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased July 16 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 4 15 ..hr. ..min.

9. Birthplace Ft. Worth Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Employee

11. Industry or business Carthage Crushed Limstone Co.

MOTHER FATHER

12. Name William Matthews

13. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Bolick

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

16. (a) Informant Mrs. Loretta Matthews

(b) Address Route 4, Carthage, Mo.

17. (a) Burial (b) Date thereof Dec. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) Dec. 4 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4, Carthage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1943 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1938 that I last saw did not see him alive alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Electrocution

Due to 193-8
Due to 99

Other conditions 193-8
(Include pregnancy within 3 months of death)

Major findings:
Of operations 193-8
Of autopsy 193-8

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

(b) Date of occurrence Dec. 1 43 116

(c) Where did injury occur? Carthage Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Crushed Limstone Plant
While at work? yes (Specify type of place) (e) Means of injury Electrocution

23. Signature P. W. Webster (M.D. or other)
Address Carthage Mo Date signed Dec 4 1943

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

13-12-1048

OCT 10 1945

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 *Emmal Stuell*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.