

FILED JAN 5 1944  
Registration District No. 284

Primary Registration District No. 5975

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

1. PLACE OF DEATH:

(a) County Talk

(b) City or town Talk (Rural) S. M. Rundley  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1/4 mile south of Talk Mo. Jumps  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 25 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Talk 84

(c) City or town Talk (Rural) 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 1/4 South of Talk Mo. 0  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country None 0

3. (a) PRINT FULL NAME James Jacob Matthews

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1943 hour 12:20 minute P. M.

21. I hereby certify that I attended the deceased from 1940  
to Apr 6/1943  
that I last saw him alive on Apr 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer and arteriosclerosis.

Duration \_\_\_\_\_

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Jessie Lou Matthews

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug 25, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 7 12 hr. \_\_\_\_\_ min.

9. Birthplace Dade County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Miller

11. Industry or business Millinery Business

12. Name James Jasper Matthews

13. Birthplace Jennett Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Winnice M. Clure

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

16. (a) Informant Charley Matthews

(b) Address Talk Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Bowers Chapel Cemetery

18. (a) Signature of funeral director Erwin - Blue

(b) Address Salina, Mo.

19. (a) 12/3/43 (Date received local registrar) (b) W. O. Bridges (Registrar's signature)

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

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

Other conditions Cancer and arteriosclerosis.  
(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)  
(e) Means of injury \_\_\_\_\_

23. Signature J. W. Bridges (M. D. or other) 0  
Address T. Polivis Mo.

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

12-43-1376  
1-3-47

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 *Willard B. Crain* .....

Licensed Embalmer No. *3092* .....

P. O. Address *Baltimore Md* .....

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.

Registration District No. 284

Primary Registration District No. 5975

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Rural S.M.C. Kinley  
(c) Name of hospital or institution Justo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James Jacob Matthew

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 25 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days \_\_\_\_\_ (Less than one day) min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Year 1943 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer and arteriosclerosis Duration \_\_\_\_\_

Due to Cancer of Rectum

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H&D

Of autopsy \_\_\_\_\_

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) (e) Means of Injury \_\_\_\_\_

23. Signature J. M. Dwyer (M. D. or other) Address 4 Bolivar, Mo Date signed \_\_\_\_\_

SUPPLEMENTAL

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

S-43438