

FILED APR 6 1944
Registration District No. 3040

Primary Registration District No. 3040

State File No.

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Luzerne
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1927-1944
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Luzerne
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. County Home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Mary Taylor Matthews

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: 3 March 22 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Samuel Patterson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Francis Lewis
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant D. H. Matthews

(b) Address Half no

17. (a) Burial (b) Date thereof 3-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood

18. (a) Signature of funeral director Beckett 3227

(b) Address Chillicothe mo

19. (a) March-13 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1944 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 1 - 1943 to March 10 1944
that I last saw see alive on March 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 hr

Due to Arteriosclerosis 40.5 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
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) Manner of injury 0

23. Signature Dr. Samuel M. D. (M. D. or other)
Address Chillicothe mo Date signed 3/11/44

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

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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.....
Was Embalmed....., Registered Apprentice No.....
working under my personal supervision.

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.