

FILED MAY 8 1944

Registration District No. 274

Primary Registration District No. 6274

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town North, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Middlebrook Dr
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs. (Specify whether years, months or days)
In this community 20 yrs.

3. (a) PRINT FULL NAME

Linda Willow Mathews

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 married

6. (b) Name of husband or wife

Genie B. Mathews

6. (c) Age of husband or wife if

alive 12 years

7. Birth date of deceased

Feb 12 1881
(Month) (Day) (Year)

8. AGE:

Years 63 Months 1 Days 19 If less than one day hr. min.

9. Birthplace

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

10. Usual occupation

Banker, Postmaster

11. Industry or business

12. Name Nathanialf Mathews

13. Birthplace East Co. Mich

(City, town, or county) (State or foreign country)

14. Maiden name Malissa Brad

15. Birthplace North Co. Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant

Harold Mathews

(b) Address

Grant City, Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

4-4-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Grain Creek

18. (a) Signature of funeral director

Irvin C. Duffee

(b) Address

Grant City, Mo.

19. (a)

4-10-44
(Date received local registrar)

(b)

Arthur Scadden
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North
(c) City or town North, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1944 hour 9:00 minute 8 M.

21. I hereby certify that I attended the deceased from May 10 1943 to April 1 1944
that I last saw him alive on Feb 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage acute

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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? (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. H. Hays MD (M. D. or other)

Address

Grant City, Mo.

Date signed 4-24-44

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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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Arch C. Dumble

Licensed Embalmer No. *3252*

P. O. Address.....

Grant City, Mo.

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.