V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30219

FILED SEP 22 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3597

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 4600 Mill
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 47

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4600 Mill
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Mrs Mary Eleanor Matz

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Dr. Philip B. Matz

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

7. Birth date of deceased Dec. 31 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

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

MOTHER
14. Maiden name Rosa B. Lyons
15. Birthplace (City, town, or county) Va (State or foreign country)

16. (a) Informant Mrs. Lionel Morse
(b) Address 1219 E. 31st. K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/44 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth Kans

18. (a) Signature of funeral director Stine & McClure
(b) Address Kansas City, Mo.

19. (a) 9-5-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 3 year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 28, 1944 to Sept 3, 1944 that I last saw her alive on Sep 3, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	5 yrs
Due to arteriosclerosis	20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 d	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E W Slusher (M. D. ~~or other~~)

Address 900 Rialto Bldg K C Mo Date signed 9-5-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ernest W. Lindsley
Rialto Bldg.
Vic 2966
Lo 4373
425 W. 49 Terrace

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 Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address K.C. Missouri

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.