

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 88395
 Registrar's No. 4181

FILED OCT 29 1944
 BUREAU OF THE CITY

Registration District No. 149

Primary Registration District No. 1002

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

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:
1904 Main Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 36 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1904 Main 8
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 1

3. (a) PRINT FULL NAME ELIJAH H MATHEUS
 3. (b) If veteran, name war No
 3. (c) Social Security No. 497-14-3286

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 12 1869
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>74</u> | <u>10</u> | <u>3</u> | hr. _____ min. |

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

10. Usual occupation Secretary

11. Industry or business McCrorry & Baughman

MOTHER FATHER

12. Name James Matheus

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

14. Maiden name Manuila Riddle

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

16. (a) Informant Owensboro - Kentucky

17. (a) Removal 10-17-44 (b) Date thereof 10/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OWENSBORO, Kentucky

18. (a) Signature of funeral director Durk & Robin Co
 (b) Address 20 W Linwood

19. (a) 10-17-44 (b) D. E. Brown
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 15th day Oct
 year 1944 hour 9:30 minute P M.
 21. I hereby certify that I attended the deceased from Oct 13
1944 to Oct 15 1944
 that I last saw him alive on Oct 15 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Coronary Thrombosis
 Due to age
 Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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 0

23. Signature D. E. Brown (M. D. or other)
 Address Wm Highmnd
 Date signed 10-17-44

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

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.....

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.