V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Williams 1306

State File No. 5400 St John

FILED FEB 6 1945

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 221

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: 411 North Colorado
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 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. 411 N Colorado 5
(If rural, give location)

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

If yes, name country U

3. (a) PRINT FULL NAME John S. Matthews

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Elizabeth Ann Matthews

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

7. Birth date of deceased May 24 (Month) 1865 (Day) (Year)

8. AGE: Years 79 Months 7 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Pairs (City, town, or county) Illnois (State or foreign country) 1

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Thomas Matthews
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Homer A Matthews 1

(b) Address 411 N Colorado 1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 15 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Cook Nebr

18. (a) Signature of funeral director Geo. C Carson

(b) Address Independance Mo.

19. (a) 1-15-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Jan 17 1945, to Jan 14 1945; that I last saw him alive on Jan 14 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	3 days
Due to: Arterio Sclerosis	—
Due to:	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. A. Williams (M. D. or other) MD

Address 5400 St John Ave Kansas City, MO Date signed 1/15/45

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.