S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6914

Registration District No. 291 Primary Registration District No. 5992 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural — Lincoln Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community Life Time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Rural 86
(If outside city or town limits, write "RURAL")

(d) Street No. Unionville 0
(If rural, give location)

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

If yes, name country 0 —

3. (a) PRINT FULL NAME James Anderson Matthews

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Cordelia Mathews

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October (Month) 31 (Day) 1863 (Year)

8. AGE: Years 81 Months 3 Days 4 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Noah Matthews
13. Birthplace Do Not Know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Gutley
15. Birthplace Do Not Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Noah F. Matthews
(b) Address Unionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Thompson Cemetery

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo. By J W Comstock

19. (a) 3-5-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 1, 1945, to Feb 2, 1945 that I last saw him alive on Feb 3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Cardio Renal Dis — Duration 9

Due to

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

23. Signature J. H. Johnson (M. D. or other)
Address Unionville Mo Date signed 2-6-45

1099

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-45-467
Date Filed MAR 8 1945

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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.