V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9003

Registration District No. 38 Primary Registration District No. 3006-5T20 Registrar's No. 31

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway 40
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 months 25 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 40
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TREVA MATTHEWS
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 10 - 6 - 1944 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
—	3	25	hr. min.

9. Birthplace — (City, town, or county) — (State or foreign country)
10. Usual occupation —
11. Industry or business
FATHER
12. Name Thomas Matthews
13. Birthplace Boone Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bertha Divers
15. Birthplace Boone Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant Thomas Matthews
(b) Address Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hinton Mo.
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 2-7-'45 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day ~~25~~ 30 year 1945 hour 2 minute 0 a M.
21. I hereby certify that I attended the deceased from Jan 27 1945 to Jan 30 1945; that I last saw her alive on Jan 30 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	1 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

Major findings:
Of operations no op
Of autopsy None

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 M. Kampschmidt (M. D. or other)
Address Columbia, Mo Date signed 1-31-45

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-19-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.