

P. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14859

Registration District No. 372

Primary Registration District No. 4543

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Seymour
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster
(c) City or town Seymour 112
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sarah Ann Matney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife William Matney 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Aug 28 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John Cuskey

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

14. Maiden name Unknown

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

16. (a) Informant Sarah Matney

(b) Address Seymour Mo

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

(c) Place: burial or cremation Star Camp

18. (a) Signature of funeral director Kelley Sorrell

(b) Address Seymour Mo

19. (a) Mar 20 (b) Gilbert Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1945 hour 5:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from 2-17 to 2-23 1945
and that death occurred on the date and hour stated above.

that I last saw her alive on 2-23 1945

Immediate cause of death Exhaustion

Due to Senility

Due to Age

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 162 lines

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 _____

23. Signature E. J. Beers (M. D. or other) _____
Address Seymour Mo Date signed 2-29-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

200

1067

(Licensed Embalmer's Statement on Reverse Side)

628
District File No. Officer No. 6
District File Number *445-440*
Date Filed *APR 17 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 *H. H. Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Seymour Ohio*

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.