

No. 2
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18486

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 17 1945
Registration District No. 372

Primary Registration District No. 4343

Registrar's No. 7

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

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: _____
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Webster

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA ELLEN MATNEY

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30 year 1945 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from live 1943 to March 30, 1945
that I last saw her alive on March 29, 1945, and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ARCH MATNEY 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb. (Month) 3 (Day) 1872 (Year)

Immediate cause of death Acute Degenerative Heart Failure 1 yr

Due to Myocardial Degeneration 1 yr

Due to _____

8. AGE: Years Months Days If less than one day

73 1 27 hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 930

Of operations _____

Of autopsy _____

9. Birthplace Linington Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9

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

14. Maiden name unknown 9

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

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? _____

16. (a) Informant Glenn Matney

(b) Address Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Levee

18. (a) Signature of funeral director Kelly - Surace

(b) Address Seymour Mo

19. (a) May 4 (Date received local registrar) (b) Gilbert Jones (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 280

23. Signature D. H. Lee (M.D. or other) 280

Address Springfield Mo Date signed 3/30/45

RECEIVED

District Health Officer No. 6,

District File Number 543-603

Date Filed MAY 15 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. Keller*

Licensed Embalmer No. *3334*

P. O. Address *Seymour 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.

Registration District No. 312

Primary Registration District No. 4543

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

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Seymour
(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)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Martha E. 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 M

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 3
(Month) (Day) (Year)

8. AGE:

Years 73

Months

Days

If less than one day

hr. _____ min.

9. Birthplace _____

(City, town, or county)

(State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ all on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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? _____

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

18486