

S. No. 2  
DM-543  
v. 5-17-39  
I X36671

19599

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 29 1945  
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2512

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

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: 4807 Fairmount  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX  
Life (Specify whether  
In this community  
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. 4807 Fairmount 4  
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Thomas Matthiassen

3. (b) If veteran, name war No

3. (c) Social Security No. 486-05-7040

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th  
1945 year hour 9:00 minute A. M.

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife. XX

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

7. Birth date of deceased. January 15 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19 ;  
that I last saw h alive on 19 ;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 4 27 hr. min.

Immediate cause of death. Coronary occlusion  
Due to Arteriosclerosis  
Due to

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

10. Usual occupation. Retired Shipping Clerk

Other conditions. g/f  
(Include pregnancy within 3 months of death)

11. Industry or business. H.T. Poindexter Co.

12. Name Henry Matthiassen

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

14. Maiden name Anna T. Forberger

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

Major findings: Aspermat  
Of operations Asthenia & Insulin

Of autopsy Aspermat  
Asthenia & Insulin

16. (a) Informant August Matthiassen

(b) Address 4807 Fairmount

17. (a) Burial (b) Date thereof 6-14-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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)

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 6-13-45 (b) Geraldine Helmer  
(Date received local registrar) (Registrar's signature)

23. Signature J. J. ... (M. D. or other) 3  
Address 1424 ... Date signed 6-12-45

**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City 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.**