

FILED SEP 6 1945
Registered District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1025 N. Adams 1 #9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1025 N. Adams 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME CLARENCE EDWARD MATTHEWS

20. DATE OF DEATH: Month 7 day 22
year 46 hour 7 AM minute 15 M.

3. (b) If veteran, name war None 3. (c) Social Security No. 500-10-7526

21. I hereby certify that I attended the deceased from 1 Oct 1945 to 1945;
that I last saw him alive on April 15 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eula Matthews 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb 11 1895
(Month) (Day) (Year)
1895

Immediate cause of death Cerebral hemorrhage 1 yr
Duration

8. AGE: Years 51 Months 5 Days 15 If less than one day hr. _____ min. _____

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

9. Birthplace St. Clair County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Taxi Driver

Major findings: Of operations 469
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Charles D. Matthews 1
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Laura Kinsey 1
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Eula Matthews
(b) Address 1025 N. Adams Nevada Mo.

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? _____

17. (a) Burial (b) Date thereof July 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Flat Rock Cemetery

18. (a) Signature of funeral director Reta Lewis & Son
(b) Address Schell City Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 7-30-46 (b) Matthews
(Date received local registrar) (Registrar's signature)

23. Signature F. S. Marble (M. D. or other) MD
Address Nevada Mo Date signed 7-28-46

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

28204

Page No. 7.
7-46-806
Date 9-5-46

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..... *Marion M. Lewis*.....
Licensed Embalmer No..... *3084*.....
P. O. Address..... *Schell 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.