S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

Registration District No. 799

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33681

Primary Registration District No. 1002

Registrar's No. 4502

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

32509

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:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6521 Edgevale Road 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Leo Mathews

3. (b) If veteran, name war no

3. (c) Social Security No. 487-03-2128

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Dorothy Clifford Mathews

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June (Month) 30 (Day) 1903 (Year)

8. AGE: Years 43 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Sales Manager

11. Industry or business Union Wire Rope Corp.

FATHER
12. Name Michael Mathews
13. Birthplace Syracuse (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Josephine Mahoney
15. Birthplace Lexington (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Dorothy Mathews
(b) Address 6521 Edgevale Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 '46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. O'Donnell Co.
(b) Address 3256 Broadway

19. (a) 10-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25 year 46 hour 7 30 minute P M.

21. I hereby certify that I attended the deceased from 10/18/46, 19 , to 10/25/46, 19 ; that I last saw him alive on 10/25/46, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis (not epidemic)	48 hrs
Due to Brain abscess	3 wks
Due to Chronic Empyema (n.m.o.)	4 mos
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations Empyema
Of autopsy not done

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) No
(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? No (Specify type of place)
(e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 314 Prof Bldg Date signed 10/27/46

(Licensed Embalmer's Statement on Reverse Side)

WW 3641 Kradat

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.