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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 6 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 388

Primary Registration District No. 5593

Registrar's No. 459

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Platin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
DeSoto, Mo. R.R. # 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 Missouri (b) County Jefferson <sup>50</sup>

(c) City or town Rural <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. DeSoto, Mo. R.R. # 1 <sup>0</sup>  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) <sup>0</sup>

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JACOB FREDERICK MATTHES

3. (b) If veteran, name was Spanish-American No. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29  
year 1946 hour 5 minute 15 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hannah Matthes 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: May 12 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938, 19  , to 29 Oct, 1946  
that I last saw him alive on 28 Oct, 1946  
and that death occurred on the date and hour stated above.

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

68 5 17 hr. \_\_\_\_\_ min.

Immediate cause of death Bronchitis - pneumonia  
Cerebral Sclerosis  
General arterio-sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 107

11. Industry or business \_\_\_\_\_

12. Name John Matthes

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

14. Maiden name Unknown

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant M. C. Matthes

(b) Address Hillsboro, Missouri

17. (a) Burial (b) Date thereof 10/31/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer (Jeff. Co.)

18. (a) Signature of funeral director Link Funeral Parlor

(b) Address Westus, Missouri

19. (a) Nov. 29/46 (b) Wm. B. Thompson  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Dr. W. V. Hoffmeyer (M. D. or other) M.D.  
Address De Soto, Mo. Date signed 3.00.46

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

MOTHER FATHER

DEC 9 1946

**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, for/by.....  
Eleuan Province....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Eleuan Province.....

Licensed Embalmer No. 3403.....

P. O. Address Festus, Missouri.....

**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.**