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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 9264

FILED APR 8 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1451

**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: 4001 South Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 23 years
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. 4001 South Benton 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Alexander Ross MATHESON, Jr.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Grace Matheson

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May (Month) 24, (Day) 1898 (Year)

8. AGE: Years 48 | Months 10 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace Fort Gibson, (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation Used Car Dealer

11. Industry or business Own

FATHER
12. Name Alexander Ross Matheson
13. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Maude Eiffert
15. Birthplace Venito, (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Mrs. Grace Matheson
(b) Address 4001 South Benton, KC, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Nowata, Oklahoma

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Mo.

19. (a) 3-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 27
year 1947 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec. 17, 1946, to March 27, 1947
that I last saw him alive on March 26, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Mellano Sarcoma.

Due to

Due to Mellano Sarcoma of forearm.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 55 l

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. P. Baughman (M. D. XXXXX)
Address 315 Alameda Rd., K.C., Mo. Date signed 3/27/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Boughnour
315 Alameda Rd.

**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.....

Licensed Embalmer No. 2999 KC

P. O. Address.....

**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.**