

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 3 1947
Registration District No. 200

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21579
Registrar's No. 212

Primary Registration District No. 3041

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

1. PLACE OF DEATH:
(a) County MACON
(b) City or town MACON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Mo (b) County MACON
(c) City or town MACON
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARTHA AMADA S. Matthews
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug 10 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
97 9 5 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER

12. Name Richard Gilstrap

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

14. Maiden name Julia Ann Cook

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

16. (a) Informant Cornie MATTHEWS

(b) Address MACON Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-47
(Month) (Day) (Year)

(c) Place: burial or cremation Stephus & Gooding

18. (a) Signature of funeral director MACON, Mo

(b) Address Oakwood Cemetery

19. (a) 6/4/47 (Date received local registrar) (b) Pat M. Needles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day MAY
year 1947 hour 10 minute 35 A.M.
21. I hereby certify that I attended the deceased from May 18
1947 to May 21 1947
that I last saw her alive on May 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar Duration 1 wk.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations.....

Of autopsy.....

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Donald E Eggleston (M. D. or other) M.D.

Address MACON Missouri Date signed 7 June 47

RECEIVED
District Health Officer No. 10
District File Number 2:47:812
Date Recd JUL - 1 1947

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Maerw, 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.