S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 5 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23607

Registration District No. 53 | Primary Registration District No. 3010 | Registrar's No. 229

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community 76 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Dewitt Matthews
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pina Matthews
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Dec. (Month) 11 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	7	8	hr. min.

9. Birthplace Marquand (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name Henry Z. Matthews
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Reagan
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lena Matthews
(b) Address 5144 Page - St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Pine Union Cemetery
18. (a) Signature of funeral director Webb-Adamson
(b) Address Fredericktown, Mo.
19. (a) 7-27-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1947 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from 6-23-1947 to 7-19-1947
that I last saw him alive on 7-19-47 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to Prostatic obst + Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Prostatic Hypertrophy
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature D. Rosebaugh (M. D. or other) MD
Address 801 a Broadway Date signed 7-23-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 847-1010
Date Filed 8-4-47

MAR 1 / 1949

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 John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown

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.