

No. 2  
-2-43  
17-39  
X35897

FILED JUL 25 1947  
Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 117 =

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

1. PLACE OF DEATH:

(a) County Lawrence (Rural)

(b) City or town Mt Vernon (Rural)

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all his life (Specify whether in this community years, months, days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Lawrence

(c) City or town Mt Vernon Rural

(If outside city or town limits, write "RURAL")

(d) Street No. X (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eric William Matthews

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1947 hour 10:40 minute 15 M.

21. I hereby certify that I attended the deceased from 3/19/42 to 7/5/47

that I last saw him alive on 7/5 and that death occurred on the day and hour stated above.

4. Sex Male Color White

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

6. (b) Name of husband or wife: Bertha

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: March 3 - 1887 (Month) (Day) (Year)

Immediate cause of death: Pulmonary tuberculosis, bilateral

Myocardial decomposition

Due to

8. AGE: Years 65 Months 4 Days 4 If less than one day hr. min.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 3 B

Of autopsy - as above

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

10. Usual occupation Farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: Agricultural Dairy

12. Name: Lydia Matthews

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

14. Maiden name: Mary Harrison

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

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?

16. (a) Informant: J. E. Matthews

(b) Address: Mt Vernon Mo

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: 7-8-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Brick Church Cem

18. (a) Signature of funeral director: Leo B Orr

(b) Address: Mt Vernon Mo

19. (a) 7-17-47 (Date received local registrar)

(b) R. P. Phelover (Registrar's signature) 159

23. Signature: Kenneth Glover MD (M. D. or other)

Address: Mt Vernon, Mo Date signed: 7/8/47

RECEIVED

District Health Officer No. 6,

District File Number 747-763

Date Filed JUN 21 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

*George B. Orr*

Licensed Embalmer No. 946

P. O. Address

*Mr. Vernon, PA*

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.