S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28776

FILED SEP 3 1947

Registration District No. 3

Primary Registration District No. 3060

Registrar's No. 297

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

1. PLACE OF DEATH:

(a) County St Francois

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

(c) Name of hospital or institution: 406 S. Franklin 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois 94

(c) City or town Farmington 1
(If outside city or town limits, write "RURAL")

(d) Street No. 406 S. Franklin 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME EDWARD FRANCIS MATTHEWS

3. (b) If veteran, name war .....

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

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife ---------

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

7. Birth date of deceased June (Month) 3 (Day) 1939 (Year)

8. AGE: Years 8 Months 3 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation ---------

11. Industry or business ---------

FATHER
12. Name Lynn Matthews
13. Birthplace Faemington (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Staten
15. Birthplace Ste Genevieve (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lynn Matthews
(b) Address S. Franklin, Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Col. Masonic Farmington, Mo

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.

19. (a) 8-30-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1947 hour 6 minute P M.

21. I hereby certify that I attended the deceased from ——
——, 19....., to ——, 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coroner Jury Verdict: unavoidable accident

Due to Skull Fracture received in accident

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 94

(b) Date of occurrence Aug. 26, 1947

(c) Where did injury occur? Farmington (City or town) St. Francois (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street in Farmington (Specify type of place)
While at work? No (e) Means of injury Fracture Skull

23. Signature Berl J. Miller (~~M.D. or other~~) Coroner

Address Farmington, Mo. Date signed 8/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Collision with fixed object

RECEIVED

District Health Officer No. 4

District File Number 947-111

Date Filed 9-2-47

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.