

S. No. 2
I-1/47
5-17-39

FILED SEP 23 1947
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3829

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 9 DAYS
(Specify whether years, months or days) 4 yrs.

3. (a) PRINT FULL NAME: WILLIAM HOW MATTESON

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: MALE
5. Color or race: WHITE

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

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

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: May 8 1875
(Month) (Day) (Year)

8. AGE: Years 72, Months 3, Days 28
If less than one day hr. min.

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

10. Usual occupation: Retired 15 yrs

11. Industry or business: Harness maker

12. Name: Asa MATTESON

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

14. Maiden name: Germania Deig

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

16. (a) Informant: Mrs. Elvira Matteson

(b) Address: Hickman Mills

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

(b) Date thereof: 9-8-47
(Month) (Day) (Year)

(c) Place: burial or cremation: Floral Hills

18. (a) Signature of funeral director: O. H. Newcomer, Sons

(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 9-8-47 (Date received local registrar)

(b) Sheldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No.: HICKMAN MILLS 79th + DUNDEE
(If rural, give location)

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

If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: SEPT. day: 5TH
year: 1947 hour: 3 minute: 20 P. M.

21. I hereby certify that I attended the deceased from 8:23 1947 to 9:5 1947
that I last saw him alive on 9-5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: massive pulmonary embolism

Due to: metastatic Carcinoma of the stomach

Other conditions: (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations: 4/6

Of autopsy: yes

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) Means of injury:

23. Signature: J. E. Montague (M. D. or other)

Address: Professor Dodge Date signed: 9/6/47

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

MOTHER FATHER

8
3
8

13370 Professional Body

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: D. D. Nofsinger
Licensed Embalmer No. 13938
P. O. Address Kansas City, 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.