

No. 2  
-5-43  
-17-39  
X36571

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34144**

FILED OCT 31 1947

Registration District No. **102**

Primary Registration District No. **4174**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Dunklin**

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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 **Dunklin**

(c) City or town **Cardwell**  
(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 **Francis M. Matthews**

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

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

4. Sex **M** Color or race **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Vicie Matthews**

6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **September 12, 1901**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>46</b>	<b>0</b>	<b>26</b>	hr. _____ min.

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

10. Usual occupation **Lumber Worker**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Henry Matthews**

13. Birthplace **unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lue Nelson**

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

16. (a) Informant **Vicie Matthews**

(b) Address **Cardwell, Mo.**

17. (a) **burial** (b) Date thereof **Oct. 10, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Pesba**

18. (a) Signature of funeral director **A. J. Emerson**

(b) Address **Paragould, Arkansas**

19. (a) **10-14** (b) **E. E. Emerson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **8**  
year **1947** hour **7** minute **30** a.m.

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

Immediate cause of death \_\_\_\_\_  
*I did not see this death. I did not attend after his death. Probable cause of death coronary occlusion.*

Due to \_\_\_\_\_

Due to \_\_\_\_\_ **AK**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ **947A**

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)

(c) Means of injury \_\_\_\_\_

23. Signature **M. C. Glasgow** (M. D. or \_\_\_\_\_)

Address **Cardwell Mo** Date signed **10-8-47**

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

RECEIVED

District Health Office No. 2,

District File Number 1087-1405

Date Filed 10-30-47

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.