

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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 17 1947  
Registration District No. 4947

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41012  
Registrar's No. 421

Primary Registration District No. 3007

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

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Poplar Bluff Hospital  
(If not in hospital or institution, give street number or location)  
(d) Length of stay: in hospital or institution 1 week  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County DeKalb  
(c) City or town Campbell  
(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 White Matthews  
3. (b) If veteran, name war none  
3. (c) Social Security No. 499-03-4069

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 19<sup>th</sup>  
year 1947 hour \_\_\_\_\_ minute 12:30 p.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.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Isabel Matthews  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased February 11, 1880  
(Month) (Day) (Year)

Immediate cause of death Hypostatic  
Pneumonia & Pulmonary  
hemorrhage  
Due to Pulmonary Tuberculosis  
Due to \_\_\_\_\_

8. AGE: Years 67 Months 9 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
PHYSICIAN \_\_\_\_\_  
Underline the cause of which death should be charged statistically.

9. Birthplace Campbell, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Day Labor

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name William Matthews  
13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Isabel Matthews  
(b) Address Campbell, Missouri  
17. (a) Burial (b) Date thereof 11-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn

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)  
(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Landess Funeral Home  
(b) Address Campbell, Missouri  
19. (a) 12-8-47 (b) R. H. Mueller  
(Date received local registrar) (Registrar's signature)

Signature Frank Edgell (M. D. or other) M.D.  
Address Poplar Bluff, Mo. Date signed 12/14/47

RECEIVED

District Health Office No. 2,

District File Number 1247-1603

Date Filed 12-15-47

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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.....

*Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.