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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41128

Registration District No. 39 | Primary Registration District No. 4104 | Registrar's No. 5

19
0
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cass.
(b) City or town Rural
(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 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cass 19
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Martin Mathews
3. (b) If veteran, name war No
3. (c) Social Security No. 702-12-2468
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Mathews
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 30 (Day) 1882 (Year)

8. AGE: Years 65 | Months 6 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Stevensville (City, town, or county) Texas. (State or foreign country) 1
10. Usual occupation Retired Rail Road May
11. Industry or business
FATHER
12. Name Isach Mathews 0
13. Birthplace Pineville (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Sarah Elizabeth Starns
15. Birthplace Pineville (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Laura Buxton
(b) Address Pierce City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Glenwild
18. (a) Signature of funeral director Geo. G. Myers.
(b) Address Cleveland Mo.
19. (a) Jan. 7-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature) 51

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1947 hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from May 12, 1947 to Dec 22, 1947
that I last saw him alive on Dec 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning
Due to Kidney Insufficiency
Due to
Other conditions Cardiac Disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations 2 B
Of autopsy 1 3

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)
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Harry B. Newman (M. D. or other)
Address Harrisonville, Mo. Date signed 12-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1948

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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.