S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44309

Registration District No. 157 — Primary Registration District No. 3028 — Registrar's No. 272

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks, Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 615 Olive St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JOSEPH MATCHAEL, Sr.
3. (b) If veteran, name war: ----
3. (c) Social Security No.: -----

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Mary Ann Curtit Matchael
6. (c) Age of husband or wife if alive: ----- years
7. Birth date of deceased: January (Month) 22 (Day) 1870 (Year)

8. AGE: Years 77 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace: London (City, town, or county) England (State or foreign country)
10. Usual occupation: retired foundry worker
11. Industry or business: Carthage Foundry Co.

FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Joseph Matchael Jr.
(b) Address: 114 W. 7th, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) 12-30-1947 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 28 year: 1947 hour: 9:15 minute: P.M.

21. I hereby certify that I attended the deceased from Dec 11, 1947, to Dec 28, 1947, that I last saw him alive on Dec 28, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	4 yrs
Due to: Hypertension	4 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Blind, totally	
Major findings: Of operations: none	
Of autopsy: none	

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:

23. Signature: George H. Wood (M.D.)
Address: Carthage Mo. Date signed: 12/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-1038

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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.