

Registration District No. **112** Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution **State Hospital # 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 mos 20 days**
In this community **3 months, 2 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Janssaw City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2120 Terrace**
(If rural, give location)
(e) Citizen of foreign country? **?** (Yes or No)
If yes, name country.....

3. (a) PRINTED FULL NAME: **Beulah Mata BEULAH MATA**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **2** day **25**
year **1948** hour **10** minute **20 P.**M.

3. (b) If veteran, name war: **No** **3. (c) Social Security No.:** **Mo. Queen**

21. I hereby certify that I attended the deceased from **Jan 1st**, 1948, to **2-25**, 1948
that I last saw her alive on **2-25**, 1948
and that death occurred on the date and hour stated above.

4. Sex: **Female** **5. Color or race:** **White** **6. (a) Single, widowed, married, divorced:** **Married**

Immediate cause of death: **Myocarditis and syphilis** **Duration: 6 mos**

6. (b) Name of husband or wife: **Antonio Mata** **6. (c) Age of husband or wife if alive:** _____ years

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years **46** Months **-** Days **-** If less than one day _____ hr. _____ min.

9. Birthplace: (City, town, or county) **?** (State or foreign country) **?**

10. Usual occupation: **Housewife**

11. Industry or business: **at home**

12. Name: **Antonia Mata**

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

14. Maiden name: **Maggie**

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

16. (a) Informant: **Antonia Mata**

(b) Address: **2120 Terrace, Janssaw City**

17. (a) Burial, cremation, or removal: **buried** **(b) Date thereof:** **2-29-48**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. Calvary, K.C. Mo.**

18. (a) Signature of funeral director: **Westcott Funeral Home**

(b) Address: **2323 Monitor Pl., K.C. Mo.**

19. (a) 2-28-48 (Date received local registrar) **(b) E. G. Jenkins (Registrar's signature)**

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

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: _____

23. Signature: **E. G. Jenkins** (M. D. or other) _____

Address: **State Hospital # 2** **Date signed:** **3/1, 1948**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 1 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

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.