No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 5 1948

Registration District No. 333

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 7518

Registrar's No.

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 hrs.
In this community: Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo.
(b) County: Scott. 100
(c) City or town: Sikeston, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 319 N. Kingshighway 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: JOSEPH L. MATTHEWS, Jr.,

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ann

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

7. Birth date of deceased: 8 (Month) 2 (Day) 1917 (Year)

8. AGE: Years 30 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace: Scott Co., (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Bankers Son

11. Industry or business: Various

FATHER
12. Name: Joseph L. Matthews, Sr., 0
13. Birthplace: Sikeston, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Lucille Alexander
15. Birthplace: Charleston, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Joseph L. Matthews, Sr.,
(b) Address: 319 N. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.,

18. (a) Signature of funeral director: Taylor Funeral Home
(b) Address: Sikeston, Missouri.

19. (a) 2-24-48 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb., day: 11 year: 1948 hour: 1 minute: 15 P. M.

21. I hereby certify that I attended the deceased from 2-11, 1948 to 2-11, 1948 that I last saw h. alive on 2-11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Basal Fracture of the Skull	1 day
Due to:	
Due to: Fall	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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): accident 100
(b) Date of occurrence: 2-11-48
(c) Where did injury occur? Sikeston (City or town) Scott (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury: Fall 0

23. Signature: Thomas C. McClure (M. D. or other)
Address: Sikeston, Mo. Date signed: 2/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 348-296
Date Filed 3-2-48

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 James M. Scott

Licensed Embalmer No. 4053

P. O. Address East Prairie 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.