

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 63 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2820 Gene Field Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie Florence Matheney

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased March 28 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name William D. Matheney

13. Birthplace Pensacola Florida
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McDonald

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Roy K. Matheney

(b) Address 2820 Gene Field Rd., St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 5-25-48 (b) R. E. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 20 1948 to May 16 1948
that I last saw her alive on May 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage
femoral embolism
Due to arterio-sclerosis

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 Carter Ramsey (M: D. or other)
Address: 1000 1/2 N. 1st St. St. Joseph, Mo. Date signed May

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

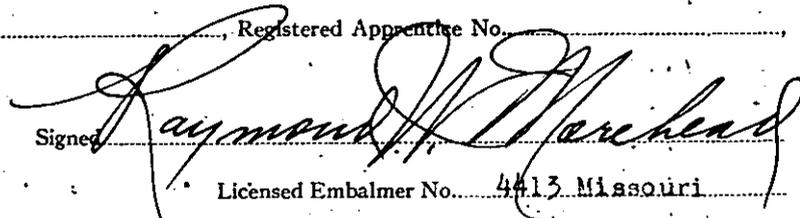
JAN 19 1950

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. 4413 Missouri

P. O. Address St. Joseph, 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.