

FILED JUN 1 1948

Registration District No. 49

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16441  
2151  
Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
514 1/2 Main St 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 years years, months or days)

3. (a) PRINT FULL NAME Walter E. Mathis

3. (b) If veteran, name war no

3. (c) Social Security No. 490-16-7910

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bessie Mathis

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 24 1890  
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 26 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Batfield, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business \_\_\_\_\_

12. Name Walter Mathis

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

14. Maiden name Edna Moore

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

16. (a) Informant Bessie Mathis

(b) Address Batfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Batfield, Mo.

18. (a) Signature of funeral director Valentine Bass

(b) Address 2117 Independence Ave.

19. (a) 5-22-48 (Date received local registrar) (b) Sheldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

(c) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 514 1/2 Main  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from born 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Pathology of liver

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 12/4/48

Of autopsy no

Pathology & Impregnation

22. If death was due to external cause, 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 2

23. Signature James [unclear] (M. Doctor) Date signed 5-22-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

*F. S. Walton*

Licensed Embalmer No.....

*2744*

P. O. Address.....

*R. C. 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.**