S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19581

Registrar's No. 2611

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:
GENERAL HOSPITAL NO. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 104 DAYS (Specify whether
In this community 18 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 516 W. 7TH ST.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EMORY MATTHEWS

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced DIVORCED 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased MARCH (Month) 3, (Day) 1887 (Year)

8. AGE: Years 61 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace JEFFERSON COUNTY (City, town, or county) MISSISSIPPI (State or foreign country)

10. Usual occupation PORTER

11. Industry or business

FATHER
12. Name LAZARUS MATTHEWS
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name ANGELINE THOMPSON
15. Birthplace JEFFERSON COUNTY (City, town, or county) MISSISSIPPI (State or foreign country)

16. (a) Informant BILL BANNON (FRIEND)

(b) Address 442 W. 34th TERRACE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/48 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [signature]

(b) Address 1729 Lydia Ave.

19. (a) 6-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month JUNE day 19, year 1948 hour 1: minute 30 A. M.

21. I hereby certify that I attended the deceased from MARCH 7, 1948 to JUNE 19, 1948; that I last saw him alive on JUNE 19, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BRONCHIECTASIS WITH ABSCESS FORMATION (RT.)	
2. EMPYEMA RIGHT LUNG	
3. BRONCHOPNEUMONIA	
4. ARTERIONEPHROSCLEROSIS	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107

Of autopsy SAME AS ABOVE

PHYSICIAN
Underline the cause to 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 [signature] (M. D. or other)

Address GENERAL HOSPITAL NO. 2 Date signed 6/19/48

(Licensed Embalmer's Statement on Reverse Side)

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. L. Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address. 2503 Highland

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.