S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35451

FILED NOV 8 1948

Registration District No. 574

Primary Registration District No. 6286

Registrar's No. 49

14

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

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Mountain Grove, (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Tennessee Matthew

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race W

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

6. (b) Name of husband or wife Victoria I. Matthew

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

7. Birth date of deceased January (Month) 18 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	9	13	..... hr. ..... min.

9. Birthplace Marys Home, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name Andrew Matthew
13. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Scrimanger
15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Earl Barnes
(b) Address Mtn. Grove, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon, Missouri

18. (a) Signature of funeral director Grable-Windle
(b) Address Mountain Grove, Mo.

19. (a) 10-31-48 (Date received local registrar) (b) A. C. Ames (Registrar's signature) 3 48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1948 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept. 4, 1948, to ....., 19...; that I last saw him alive on Oct. 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Lung	3 Mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

4715

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) .....

(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) 2

While at work? ..... (e) Means of injury .....

23. Signature Geo. O. Hickey (M. D. or other) DO

Address Mtn. Grove, Mo. Date signed 10-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1148-1249
Date Filed 11-5-48

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 Frank Grable

Licensed Embalmer No. 41[illegible]0

P. O. Address Mtn Grove, 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.