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7-39
3906

FILED JAN 15 1949
Registration District No. 149

Primary Registration District No. 1002

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:
538 HARRISON AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 YEARS (Specify whether years, months or days)

3: (a) PRINT FULL NAME MRS. MAY ETTA MATTHEW

3. (b) If veteran, name war No

3. (c) Social Security No. 496-01-6801

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife M.R. CHARLES H. MATTHEW

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased MARCH 30 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 9 0 hr. min.

9. Birthplace DUNKSBURG MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business AT HOME

12. Name MARION J. SCOTT

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

14. Maiden name NANCY WILLIAMS

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

16. (a) Informant MR. NED F. MATTHEW

(b) Address 638 HARRISON STREET

17. (a) BURIAL (b) Date thereof DEC. 31. 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 12-31-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 538 HARRISON AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 30TH
year 1948 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from NOVEMBER 17th, 1948, to DECEMBER 30, 1948; that I last saw her alive on DECEMBER 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE

Due to _____

Due to _____

Other conditions PERNICIOUS ANEMIA
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 932

Duration _____

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? _____

Signature Edward P. Altomare (M. D. or other) M.D.
While at work (Specify type of place) (e) Means of injury _____

23. Signature Edward P. Altomare (M. D. or other) M.D.
Address 1030 E. Pacific K.C. Mo. Date signed 12/30/48

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

MOTHER, FATHER

after noon

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 *D. D. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Kansas City*

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.