

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5031**  
Registrar's No. **709**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>28 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>			d. STREET ADDRESS (If rural, give location) <b>2819 MERSINGTON AVENUE</b>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>LUSH</b>	b. (Middle)	c. (Last) <b>MATTHEWS</b>	(Month) <b>FEBRUARY</b>	(Day) <b>11</b>	(Year) <b>1949</b>

5. SEX <b>MALE 2</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 30 1892</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CUSTODIAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SHEFFIELD STEEL</b>	11. BIRTHPLACE (State or foreign country) <b>HUNTSVILLE, ALABAMA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>NOT KNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM E. MATTHEWS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>487-05-4253</b>	17. INFORMANT'S SIGNATURE OR NAME <b>WILLIAM E. MATTHEWS</b>	ADDRESS <b>2819 Mersington</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA (clinical)</b>		
	ANTECEDENT CAUSES <b>ARTERIOSCLEROTIC NEPHRITIS</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HYPERTENSIVE HEART DISEASE</b> <b>BENIGN HYPERTROPHY OF PROSTATE</b>		<b>4427</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/9/1949, to 2/11/1949, that I last saw the deceased alive on 2/11/1949, and that death occurred at 1:20 A.M. from the causes and on the date stated above.

23a. SIGNATURE <b>E. Frank Elms</b>	(Degree or title)	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>2/11/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/17/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lencola Cemetery, Kansas City, Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG <b>2-15-49</b>	REGISTRAR'S SIGNATURE <b>Braldine Holmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter W. McKinstry</b>	ADDRESS <b>1729 Lydia</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Jerome Maxwell*

Signed.....

Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2502 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.