

Registration District No. 137 Primary Registration District No. 5507

1. PLACE OF DEATH:  
(a) County HENRY  
(b) City or town MONTROSE RURAL - DAVIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: MONTROSE RR #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE (Specify whether  
In this community 60 YEARS  
years, months or days)

3. (a) PRINT FULL NAME THEODORE MATTER  
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife CAROLINA L. MATTER 6. (c) Age of husband or wife if alive DEAD years  
7. Birth date of deceased SEPT. 19 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 13 If less than one day hr. min.

9. Birthplace HIGHLAND Ill. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER  
12. Name MICHAEL MATTER  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name JOANNA WEISE  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant MONROE MATTER

(b) Address MONTROSE RR #1

17. (a) BURIAL (b) Date thereof Aug 28 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STONES CHAPEL

18. (a) Signature of funeral director H.A. Vanant

(b) Address Clinton Mo

19. (a) Aug. 27, 1942 (b) Georgia Kitchener  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County HENRY  
(c) City or town MONTROSE RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR #1 - DAVIS - TWP.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 26  
year 1942 hour 11 minute 30 A. M.  
21. I hereby certify that I attended the deceased from Nov. 14  
1939, to Aug. 26, 1942  
that I last saw him alive on Aug. 26, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis

Due to 99

Other conditions Ch. prostatitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W.E. Baggerly (M. D. or other) MD

Address Montrose Mo Date signed 8-26-42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

4200  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-42-1000

Date Filed 9-10-42

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

*N. Z. Gaisant*

Licensed Embalmer No. \_\_\_\_\_

3779

P. O. Address \_\_\_\_\_

*Clinton, 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.