

S. No. 2
M-5-42
5-17-39
X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17061

State File No.

Registrar's No. 101

FILED JUN 14 1945
Registration District No. 131

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 6 days
Specify whether

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Clinton, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Davis St.
(If rural, give location)

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

If yes, name country,

3. (a) PRINT FULL NAME MARY A. MATTER

3. (b) If veteran, name war

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1945 hour 12:30 minute A.M.

21. I hereby certify that I attended the deceased from 2-15
1945 to 5-14 1945
that I last saw him alive on 5-13 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph Matter 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Aug 1863
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to Chronic nephritis & cystitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 131K

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

81 9 13 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Wilhelm Groff 4

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

14. Maiden name Clara Mischke

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

16. (a) Informant Joseph Matter

(b) Address Clinton Mo Rts 5

17. (a) Rural (b) Date thereof 5-15-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cem.

18. (a) Signature of funeral director W. A. Vansant

(b) Address Clinton Mo

19. (a) May 15 (b) Myrtle Browder
(To be received by local registrar) (Registrar's signature)

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 F

23. Signature W. A. Vansant (M. D. or other) M. D.

Address Clinton Mo Date signed 5-15-45

RECEIVED

District Health Officer No. 7,

District's Number 543-361A

Date Filed 6-13-42

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 *W. J. Vansant*

Licensed Embalmer No. 3779

P. O. Address *Clinton*

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.