

S. J. 2
DM-2-43
v. 5-17-39
1 X35097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 7 1945 STANDARD CERTIFICATE OF DEATH

State File No. **37338**

Registration District No. **137**

Primary Registration District No. **5507**

Registrar's No. **144**

42
8

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

1. PLACE OF DEATH:
 (a) County **HENRY**
 (b) City or town **CLINTON, DEER CREEK**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **52 yrs.**

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

4. Sex **M.** **5. Color of race** **W.**
6. (a) Single, widowed, married **2 divorced, WIDOWED**
6. (b) Name of husband or wife **MARY MATTER** **6. (c) Age of husband or wife if alive** **DEAD** years
7. Birth date of deceased **JAN 27 1859**
(Month) (Day) (Year)

8. AGE: Years **86** Months **9** Days **6**
If less than one day hr. min.

9. Birthplace **Madison Co. Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Harper**

11. Industry or business **Michel Matter**

MOTHER **FATHER**
12. Name **John**
13. Birthplace **Pruden Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Johnanna Weiss**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Harry Harrison**
(b) Address **Clifton 2nd**
17. (a) Burial **(b) Date thereof** **11-5-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hopewell Cem**

18. (a) Signature of funeral director **J. J. Conquest**
(b) Address **Clifton 2nd**

19. (a) Nov 6-45 **(b) R. R. Kenney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Henry**
 (c) City or town **CLINTON-DAVIS-TWP.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **RURAL**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **30**
 year **1945** hour **3:20** minute **P.M.**
21. I hereby certify that I attended the deceased from **10-1**
1945 to **11-3** **1945**
 that I last saw him alive on **10-30** **1945**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
 Due to **prostitutes & Cystitis**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings:
 Of operations _____
 Of autopsy **129**

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 **R. R. Kenney** (M. D. or other) **M.D.**
Address **Clifton 2nd** **Date signed** **11-4-45**

1452

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DATE 11-45-1169
Date Filed 12-6-45

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. Mansuet
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.