DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1274

Registration District No. 399 (FEB 26 1940)

Primary Registration District No. 1002

Registrar's No. 259

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community About 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1413 Agnes Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME William G. Mathews 320

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Eva Ann Mathews

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 22 (Day) 1858 (Year)

8. AGE: Years 81 Months 7 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Yadkinville (City, town, or county) North Carolina (State or foreign country)

10. Usual occupation Dry Goods Merchant

11. Industry or business -----

FATHER
12. Name William D. Mathews
13. Birthplace Yadkin County (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Martha Lewis
15. Birthplace Yadkin County (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant's own signature Eva A. Mathews

(b) Address 1413 Agnes Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Mapleton Cemetery Mapleton, Kansas

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

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan. 19, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1-15-40, 19__, to 1-17-40, 19__; that I last saw him alive on 1-17-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic lymphatic leukemia	
Due to 72	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. F. De Maria MD (M. D. or other)

Address Supt. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

1 X19511

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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.