

SEP 19 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28516
Registrar's No. 672

Registration District No. 316 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 1320 Cario, Springfield Mo.
(d) Length of stay: In hospital or institution Several Years
In this community Several Years

3. (a) PRINT FULL NAME Alfred Tennison Van Matre

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Alpha Van Matre 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased April 3rd 1879

8. AGE: Years 61 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Malden Missouri

10. Usual occupation Real Estate Salesman

11. Industry or business

12. Name Joseph H. Van Matre

13. Birthplace York Town, Ind.

14. Maiden name Sophonra M. Palmer

15. Birthplace Desota Mo.

16. (a) Informant A.R. Van Matre

(b) Address 741 South St.

17. (a) Burial (b) Date thereof Aug. 16, 1940

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 8-15-40 (b) W. E. Handley

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 1320 Cario
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1940 hour 9:30 A.M. minute. M.

21. I hereby certify that I attended the deceased from Aug 14, 1940, to Aug 14, 1940; that I last saw him dead alive on Aug 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertensive Cardio-vascular disease

Other conditions 15 Pa
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at work
(Specify type of place) _____
(e) Means of injury _____

Signature W. E. Handley (M. D. or other) 5
Address Courser Greene County Date signed 8/14/40

Duration

Immediate

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MASS. REG. NO. 101

1970

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 Hayd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W Wabun

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.

X