

STANDARD CERTIFICATE OF DEATH

State File No.

2786

Registration District No.

Primary Registration District No.

5511

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell (Dry Creek)  
 (b) City, or town Burnham, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 20 Years  
 years, months or days

3. (a) PRINT FULL NAME WALTER MATHEWS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Walter Mathews 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 14 1868  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>10</u>	hr. _____ min.

9. Birthplace Nevada Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Mathews  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Mathews  
 (b) Address Burnham, Missouri  
 17. (a) Burial (b) Date thereof 1/26/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Burnham Cemetary

18. (a) Signature of funeral director Burns & Son  
 (b) Address Willow Springs, Mo.  
 19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
 (c) City or town Burnham  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Dry Creek Township  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24  
 year 1941 hour 6:20 minute \_\_\_\_\_ P.M.  
 21. I hereby certify that I attended the deceased from 7-15-1939  
 \_\_\_\_\_, 19\_\_\_\_, to 1-24-1941  
 that I last saw him alive on 1-24-1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Nephritis with Uremia  
 Duration P-3-41  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Varicose Ulcer of leg 1930  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 W. F. Callahan (M. D. or other) \_\_\_\_\_  
 Address Willow Springs, Mo. Date signed 1-25-41

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

46000

RECEIVED

District Health Officer No. 5,

District File Number 241 172

Date Filed .....

RECEIVED

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.....

Thomas R. Burns, Jr......, Registered Apprentice No. 251  
working under my personal supervision.

Signed J.C. Burns  
Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2786

Registration District No. 387

Primary Registration District No. 5540

Registrar's No.

1. PLACE OF DEATH:

(a) County Houssell  
(b) City or town Dry Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME Walter Mathews

3. (b) If veteran, name war. 3. (c) Social Security No.

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

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year

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

8. AGE: Years Months Days If less than one day  
72 8 10 hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name.

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

14. Maiden name.

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

16. (a) Informant.

(b) Address.

17. (a) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) March 31 - 1941 (b) Dana Cage  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town. (If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

20. DATE OF DEATH. Month Jan day 24  
year 1941 hour. minute. M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw him alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to.

Due to.

Other conditions. (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 C. H. Callihan (M. D. or other)

Address Willow Springs Mo Date signed

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

SUPPLEMENTARY

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

