

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 19 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4242

1. PLACE OF DEATH:  
(a) County Jackson County  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Little Sister of the Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Months  
(Specify whether  
In this community 35 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5425 Michigan Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Brigids Mathews  
3. (b) If name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 14  
year 1942 hour 7 minute 30 a.m.  
21. I hereby certify that I attended the deceased from Sept 15  
1942 to NOV 14 1942  
that I last saw her alive on NOV 12 1942  
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, Widowed  
6. (b) Name of husband or wife James Mathews 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased January 9 1866  
(Month) (Day) (Year)

Immediate cause of death  
Coronary thrombosis 3 days

8. AGE: Years Months Days If less than one day  
76 10 5 hr. min.

Due to Hypertensive Heart disease years  
Due to myocardial infarction years

9. Birthplace Ireland H  
None (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation None  
11. Industry or business None

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 \_\_\_\_\_

12. Name John Wolf  
13. Birthplace Ireland H  
(City, town, or county) (State or foreign country)  
14. Maiden name Late Sherry  
15. Birthplace Ireland H  
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Fleck  
(b) Address 5931 Highland ave  
17. (a) Burial (b) Date thereof Nov. 16, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. St. Mary's Cemetery

23. Signature John T. Skinner (M. D. or other) MD  
Address 1402 Ryan St Date signed 11-14-42

18. (a) Signature of funeral director J. F. Fleck  
(b) Address 1401 Brush Creek Blvd.  
19. (a) 11-14-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration  
3 days  
Physician  
Underline the cause to which death should be charged statistically.

J.C. Mc.

Dr. John J. Skinner  
Bryant Bldg  
2-5

11/2

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**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 *H. C. Newcomer Jr.*

Licensed Embalmer No. 1043

P. O. Address *H. C. Newcomer Jr.*

**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.**