

FILED FEB 14 1945  
149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 471

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs (Specify whether)

In this community 1 yr 6 mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Jackson City 5  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 16 E 31st Terrace (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRIME FULL NAME Mattie Elizabeth French

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1945 hour 1 minute 10 a.m.

21. I hereby certify that I attended the deceased from Jan 18, 1945, to Jan 28, 1945, that I last saw her alive on Jan 27, 1945, 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 Married

6. (b) Name of husband or wife Harry C. French 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: Jan 2, 1881  
(Month) (Day) (Year)

Immediate cause of death: Coronary disease

8. AGE: Years 63 Months 3 Days 16 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

Due to Arteriosclerosis

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

10. Usual occupation Housewife

Other conditions: Purulent cystitis, abscesses of the left kidney

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

12. Name John Butler

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

14. Maiden name Rebecca Brown

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

Major findings: Kidney

Of operations \_\_\_\_\_

Of autopsy As above

16. (a) Informant Harry C. French

(b) Address 16 E 31st Terrace

17. (a) Burial (b) Date thereof Jan 30, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Wm. C. Foster

(b) Address 918 Brooklyn

19. (a) 1-30-45 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_

23. Signature Ermine Emerwood (M. D. or pathologist)

Address Pathologist Date signed 1/28/45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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, C. H. Wise

Licensed Embalmer No. 2570

P. O. Address R. O. No

**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.**