

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH18107
Do not use this space.

1. PLACE OF DEATH
 (a) County Casper Registration District No. 221
 (b) Township Seharon Primary Registration District No. 22124
 (c) City Mo. (d) Street No. 5306 Registered No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Lester David Matring 365
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ X 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casper Co. Mo.

FATHER 13. NAME Jack Matring
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casper Co. Mo.

MOTHER 15. MAIDEN NAME Margaret Nelson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casper Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Othelma Nelson

18. BURIAL, CREMATION, OR REMOVAL PLACE Bunceton Mo. DATE Apr. 24, 1938

19. FUNERAL DIRECTOR (ADDRESS) L. D. Parker

20. FILED 5/24, 1938 W. H. Fogle Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1938, to 4-22, 1938
 I last saw him alive on 4-22, 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever followed by acute nephritis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. H. Fogle, M. D.
 (Address) Oshtemo Ave

STATEMENT BY LICENSED EMBALMER

I, L. G. Parker, Licensed Embalmer No. 93

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. 23-47

working under my personal supervision.

Signed L. G. Parker

Licensed Embalmer No. _____

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