

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

CGV. 2-17-39 I X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32929

Registration District No. 638

Primary Registration District No. 3028

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Madison 2
(b) City or town Fredericktown
(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 about 50 years
years, months or days

3. (a) PRINT FULL NAME MRS. MATTY LEE 600

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

4. Sex F 5. Color or race Weno 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Estimated
about 85 Years Months Days If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace _____
(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's own signature Not obtainable

(b) Address _____

17. (a) Burial (b) Date thereof Sept 5-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown Mo

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address Fredericktown

19. (a) Sept 5-1939 (b) S. C. S. Caughter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison
(c) City or town Fredericktown
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd.
year 1939 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 19 1939 to Sept 3 1939
that I last saw him alive on Aug 29 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration _____

Due to _____

Due to _____

Other conditions Valvular Heart Lesions
(Include emergency within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harry Boston (M. D. _____)

Address Fredericktown Mo Date signed _____

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.....

Stanley H. Dixon
working under my personal supervision.

Registered Apprentice No. *214*

Signed *William B. O'Connor*

Licensed Embalmer No. *3975*

P. O. Address *Fredericktown 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.