

REGISTRATION DISTRICT NO. 1151 ADD 28 15421

Primary Registration District No. 4249

Registrar's No. 23

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus
(c) Name of hospital or institution:
West MAIN ST
(d) Length of stay: In hospital or institution 2
In this community 352 years, months or days

3. (a) PRINT FULL NAME Nancy R. Mattingly
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Mattingly 6. (c) Age of husband or wife if alive years
7. Birth date of deceased nov 3 1869 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____
MOTHER FATHER { 12. Name Thos Stord
13. Birthplace Union (City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Shadens
15. Birthplace Union (City, town, or county) (State or foreign country)

16. (a) Informant's own signature James R. Mattingly
(b) Address Festus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Festus Cemetery

18. (a) Signature of funeral director Festus, Mo.
(b) Address Festus, Mo.

19. (a) 3/8/40 (Date received local registrar) (b) J. E. Rutledge, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Festus
(d) Street No. West main
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month march day sixth (6)
year 1940 hour (7) seven minute 9 M.

21. I hereby certify that I attended the deceased from Sept 1, 1938, to mar 6, 1940, that I last saw him alive on mar 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis, Hypertension, Cardiac Vasomotor Condition with rupture of Valves of heart, pallid
Due to consecutive coughing attack over a 3 hour period at 2 different occasions
Other conditions (Include pregnancy within 3 months of death) 2 days

Major findings: _____
Of operations 95%
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? _____
(e) Means of injury _____ (Specify type of place)

23. Signature Ol. Harris M.D. (M. D. or other) _____
Address Festus Date signed 3-8-40

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

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

FORM 1-10-31

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.

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address Festus

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.