

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

FORM 2-1-35

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15988

Registration District No. 780 Primary Registration District No. 6025 State File No. _____ Registrar's No. 21

1. PLACE OF DEATH:
(a) County St. Genevieve
(b) City or town St. Genevieve Rural
(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 20 years
years, months or days

3. (a) PRINT FULL NAME CHARLES MATLOCK
3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-03-8115

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ellen Maxwell 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased April 17 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>"</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Track Walker R.R.

11. Industry or business Missouri Railroad

12. Name James Matlock

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Ellen Matlock

(b) Address St. Genevieve Mo

17. (a) Burial (b) Date thereof April 17 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director Geo. C. Basler

(b) Address St. Genevieve Mo

19. (a) Apr 17 1940 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Genevieve
(c) City or town St. Genevieve Co Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1940 hour _____ minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by Diesel Railroad locomotive crushing skull (accident death)
Due to (Verdict of jury)

Due to _____

Other conditions (Include pregnancy within 3 months of death) not

Major findings: Of operations _____

Of autopsy _____

Duration _____
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) accident

(b) Date of occurrence April 15 1940

(c) Where did injury occur? St. Genevieve Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad track (Frisco R.R.)

While at work? Yes (Specify type of place) (e) Means of injury skull crushed

23. Signature Geo. C. Basler (M. D. or other) _____

Address St. Genevieve Mo Date signed 4/15/40

EX-100

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.....

Geo. C. Basler....., Registered Apprentice No.....
working under my personal supervision.

Signed *Geo. C. Basler*.....

Licensed Embalmer No. *1985*.....

P. O. Address *St. Genevieve 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.