

No. 2
-13-40
-17-39
X23159

State File No. _____

Registration District No. 733

Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville, mo
(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 15 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Randolph

(c) City or town Huntsville, mo
(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.

3. (a) PRINT FULL NAME LUTITIA MARGRETTE MATLOCK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1940 hour 7 minute 9 . M.

4. Sex Female 5. Color or race w

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 24 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15, 1940, to July 4, 1940
that I last saw her alive on July 4, 1940
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Chronic Myocarditis

Due to Arterio-sclerosis cerebral hemorrhage

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

10. Usual occupation Housewife

11. Industry or business _____

Due to arterio-sclerosis

Other conditions Arterio-sclerotic Psychoses
(include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Henry Rock

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

14. Maiden name William Rock

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Orlan Matlock

(b) Address Huntsville, mo

17. (a) burial (b) Date thereof July 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, mo

18. (a) Signature of funeral director Tom B. Jackson

(b) Address Huntsville, mo

19. (a) Aug-5-1940 (b) Rob. D. A. Sawhart
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____

Of autopsy none

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

8
50

RECEIVED

District Health Officer No: 10

District File Number 8-40-1529

Date Filed AUG 8 1940

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville TN

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.