

8 No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25755

Registration District No. 240 Primary Registration District No. 5849 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Linn, Crawford Twp
(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
In this community 8 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage 76
(c) City or town Linn, Mo. 6
(d) Street No. Rural
(e) If foreign born, how long in U. S. A. 62 Years 7 years.

3. (a) PRINT FULL NAME Robert Paul Mattingly
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13
year 1941 hour 7 4 AM M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary L. Mattingly
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased February 3rd, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1, 1941, to July 13, 1941, that I last saw him alive on July 13, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 5 10 hr. min.

Immediate cause of death: Embolism of coronary artery of heart and lungs
Due to: Atherosclerosis - several years
Due to: 61

9. Birthplace Osage Mission Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Sup t County Home
11. Industry or business

Other conditions: (Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Robert Paul Mattingly
13. Birthplace Louisville, Ky.
14. Maiden name Dont Know
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Mary L. Mattingly
(b) Address Linn, Mo.
17. (a) Burial (b) Date thereof 7-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Linn, Mo.
18. (a) Signature of funeral director Morton Funeral Home
(b) Address Box 144, Linn, Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

19. (a) Date received local registrar July 14 1941
(b) Registrar's signature Mrs. Doo Jesty
(c) Registrar's signature

23. Signature J. Williamson (M. D. or other)
Address Linn Mo Date signed July 17 41

(Licensed Embalmer's Statement on Reverse Side)

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

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

Vernon Morton

Licensed Embalmer No.

4125

P. O. Address

Linn, 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, fact should be so stated above.