

Registration District No. 477-1

Primary Registration District No. 4288

Registrar's No. 75

I. PLACE OF DEATH:

(a) County Lewis
(b) City or town Labelle Mo.
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution none
In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Labelle Mo.
(d) Street No. none
(e) If foreign born, how long in U. S. A. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 1941 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from Aug 1st 1941, to Aug 23rd 1941, that I last saw her alive on Aug 23rd 1941, and that death occurred on the date and hour stated above.
Immediate cause of death: Pneumonia

3. (a) PRINT FULL NAME Lucretia Ann Mattinby
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband Samuel D. Mattinby
6. (c) Age of husband or wife if alive years 2 1861

7. Birth date of deceased November (Month) 2 (Day) 1861 (Year)

8. AGE: Years 29 Months 9 Days 21 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Alexander Smith

13. Birthplace Not known (City, town, or county) (State or foreign country)

14. Maiden name Lucretia West Smith
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Kouse
(b) Address Labelle Mo

17. (a) Burial, cremation, or removal Benial
(b) Date thereof Aug 25 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Labelle, Grundy
18. (a) Signature of funeral director Norman D. Coaker
(b) Address Labelle, Missouri

19. (a) Aug 28/41 (b) P. W. Jennings (Date received local registrar) (Registrar's signature)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature N. H. McNamee (M. D. or other)
Address Labelle Date signed 7/28/41

Duration 7 days
PHYSICIAN Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 9-4-1754

Date Filed SEP 22 1941

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.....

Norman D. Coe

Registered Apprentice No.

working under my personal supervision.

Signed Norman D. Coe

Licensed Embalmer No. 3721

P. O. Address LaBelle 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28750

Registration District No. 479

Primary Registration District No. 4288

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town LaBelle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 75 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lucretia A. Mattinely

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 2 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug of 1941 year. _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 Pneumonia Duration _____

intermittent

Due to _____

Due to _____

Other conditions _____
(Include pregnancy 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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature N. M. McKim (M. D. or other) _____
Address LaBelle Date signed 8-10-41

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

La Belle Mo

SUPPLEMENTARY

S-28750