

FILLED OCT 14 1941

Registration District No. 89Primary Registration District No. 5131Registrar's No. 274

## 1. PLACE OF DEATH

(a) County Butler, Poplar Bluffs  
(b) City or town Poplar Bluffs, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)3. (a) PRINT FULL NAME Coy Dean Mattingley3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Chester 6. (c) Age of husband or wife if alive 37 years7. Birth date of deceased July 7 1941  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
2 23 hr. min.9. Birthplace Butler County, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation None11. Industry or business None12. Name Chester Mattingley13. Birthplace New Madrid Co. Mo  
(City, town, or county) (State or foreign country)14. Maiden name Berdia Rutledge15. Birthplace Broseley Mo  
(City, town, or county) (State or foreign country)16. (a) Informant Chester Mattingley(b) Address First, Missouri17. (a) Burial (b) Date thereof Oct 2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Male Hill18. (a) Signature of funeral director Working Funeral Service(b) Address Wester, Mo19. (a) 10-3-41 (b) Belle Kinnel  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler(c) City or town Rural  
(If outside city or town limits, write "RURAL")(d) Street No. 6 mi South East of Poplar Bluffs, Mo.  
(If rural, give location) No Route

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1  
year 1941 hour 2 minute P M.21. I hereby certify that I attended the deceased from Sept 12 1941 to Oct 1 1941that I last saw him alive on Sept 28 1941

and that death occurred on the date and hour stated above

Immediate cause of death Whooping Cough  
Acute Ileo Colitis Duration 29 days  
4 wk

Due to \_\_\_\_\_

Due to AOther 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 John Dan Clark (M. D. or other)Address Walden Mo Date signed 10/1/41

RECEIVED

District Health Office No. 2,  
District File Number 1041-1392  
Date Filed 10/8/41

**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**