

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6052**
Registrar's No. **60**

Registration District No. **89**

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Poplar Bluff**
(c) Name of hospital or institution: **235 Bartlett**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life**
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Butler**
(c) City or town **Poplar Bluff**
(d) Street No. **235 Bartlett St.**
(e) Citizen of foreign country? **No**
If yes, name country

3. (a) PRINT FULL NAME **Mary Jane Matlock**
3. (b) If veteran, name war
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Jason Matlock**
6. (c) Age of husband or wife if alive **11** years
7. Birth date of deceased **July 11 1857**
(Month) (Day) (Year)

8. AGE: Years **84** Months **7** Days **8**
If less than one day hr. min.

9. Birthplace **Wayne County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Adolph Pape**
13. Birthplace **Germany**
14. Maiden name **Unknown**
15. Birthplace **South Carolina**

16. (a) Informant **Mrs. Lucy Cargle**
(b) Address **235 Bartlett**

17. (a) **Burial** (b) Date thereof **2-21-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Zalma**

18. (a) Signature of funeral director **Greer Croy Service**
(b) Address **Poplar Bluff, Missouri**

19. (a) **2-24-42** (b) **Belle Hinne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **19**
year **1942** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb. 16, 1942** to **19**
that I last saw her alive on **Feb. 16, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to

Due to

Other conditions **93e!**
(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?
(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 **J. D. Matlock** (M. D. or other)
Address **Poplar Bluff** Date signed **2/24/42**

RECEIVED

District Health Office No. 2,

District File Number 342-412

Date Filed 3-13-42

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.