

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 151

1. PLACE OF DEATH: Cape Girardeau

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Smeltonville Suburb /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elsie Savannah Johnson Matlock

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife John Matlock 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 9, 1902  
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Vicksburg, Mississippi /  
(City, town, or county) (State or foreign country)  
Domestic

10. Usual occupation \_\_\_\_\_

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's name and signature Richard Jimmerson

(b) Address Smeltonville Suburb, Cape Girardeau

17. (a) Burial (b) Date thereof May 12, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Fairmont Cemetery

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director F. J. Sparks  
Cape Girardeau

(b) Address \_\_\_\_\_

19. (a) 5-12-42 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. Smeltonville Suburb  
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th  
year 1942 hour about 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Coroner Case, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Died suddenly

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 830

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury Coroner

28. Signature Dr. J. F. Sigmond (M. D. or other) \_\_\_\_\_

Address Garbans Mo Date signed 5/10/42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 4

District File Number 642-764

Date Filed 6-15-42

**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.....

Licensed Embalmer No. 3453

P. O. Address Cape Girardeau

**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.**