

FILED AUG 14 1942

Registration District No. 346

Primary Registration District No. 5552

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.

(c) Name of hospital or institution: Lake City San Diego Camp - 3

(d) Length of stay: In hospital or institution 50 years in K.C. Mo.

In this community 50 years in K.C. Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.

(d) Street No. 3227 Woodland

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Wilbur Waite Mattox

3. (b) If veteran, name war. No

3. (c) Social Security No. 490-16-6232

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy D. Mattox

6. (c) Age of 72 years

7. Birth date of deceased: December 16th 1869

8. AGE:	Years	Months	Days	If less than one day
	72	7	1	hr. min.

9. Birthplace Illinois

10. Usual occupation Carpenter

11. Industry or business

12. Name Robert Mattox

13. Birthplace unknown

14. Maiden name Harriett Lennon

15. Birthplace unknown

16. (a) Informant Roy L. Mattox

(b) Address 5834 Olive st.

17. (a) Burial xxxxxx Mt. Moriah

(b) Date thereof July 20th 1942

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn ave.

19. (a) July 20, 1942 (b) Uma M. Forster

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17

year 1942 hour 10:23 minute A. M.

21. I hereby certify that I attended the deceased from Coroner 19 to 19

that I last saw h. on 19

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

Immediate cause of death Coronary Atherosclerosis, Diffuse myocardial fibrosis, Acute pulmonary edema.

Due to

Other conditions

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?

23. Signature (M. D. or other)

Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Daniel C. Browning
Licensed Embalmer No. 2724
P. O. Address H. P. 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.