

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Richard Lavier Mattingly
3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Mattingly 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Oct 10 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 28 hr. min.

9. Birthplace St. Johns Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business
12. Name Richard Mattingly
13. Birthplace St. Johns Kentucky 1
(City, town, or county) (State or foreign country)
14. Maiden name Betty French
15. Birthplace St. Johns Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Mattingly
(b) Address Aurora Mo. Route 2
17. (a) Burial (b) Date thereof Jan 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Wm. F. Marsh
(b) Address 229 N. Church, Aurora Mo.
19. (a) Jan 10 - 1943 (b) Eunice Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 35
(c) City or town Aurora Mo 6
(If outside city or town limits, write "RURAL")
(d) Street No. 229 N. Aurora Route 2
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1943 hour _____ minute 6:50 A.M.
21. I hereby certify that I attended the deceased from Oct 1
1942 to Jan 11 1943
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate 3 mos.
Duration

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Carcinoma of Prostate
Of operations _____
Of autopsy _____
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)
(d) 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 3
23. Signature F. Aver Watson or other D.O.
Address Wagon, Mo. Date signed 1-10-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 145-78

Date Filed JAN 22 1943

JAN 22 1943

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

Myself

Registered Apprentice No.

working under my personal supervision.

Signed

Orville L. Marsh

Licensed Embalmer No.

2812

P. O. Address

Quincy 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.