

FILED SEP 14 1943

State File No.

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Betty Mae Mattox

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 27 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 - - 4 hr. min.

9. Birthplace Mexico Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Billie W. Mattox

13. Birthplace Mexico Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Betty Beasley

15. Birthplace Central City Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Billie W. Mattox

(b) Address Mexico, Missouri

17. (a) burial (b) Date thereof Sept. 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Earl T. ...

(b) Address Mexico, Missouri

19. (a) Aug-31-1943 (b) Margaret N Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. 2
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31st
 year 1943 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 27, 1943, to Sept 1, 1943;
 that I last saw her alive on Aug 31, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Conjunctival dehiscency
Prematurity
 Due to Thrush

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159
 Of autopsy

PHYSICIAN

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)
 (e) Means of injury _____
 23. Signature Harry F. O'Brien (M.D. or other)
 Address Mexico, Mo. Date signed 7-1-43

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

RECEIVED

District Health Officer No. 10

District File Number 9-43-1540

Date Filed SEP 10 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl T. Prude

Licensed Embalmer No. 3189

P. O. Address Melrose - 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.