

FILED AUG 1 1943

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 61

1. PLACE OF DEATH:  
 (a) County Dunklin  
 (b) City or town Kennett R-1  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Independence Hosp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County 35  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Matties Jr.  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 6 day 4  
 year 1943 hour 3 minute 30 P M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Clark Matties 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased June 10 1873  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 2, 1943 to June 4, 1943  
 that I last saw him alive on June 4, 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral hemorrhage  
 Due to Hypertension  
 Due to \_\_\_\_\_

9. Birthplace Kennett R-1 MO  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Other conditions Acute nephritis  
 (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Robert Matties Sr  
 13. Birthplace Dont Know 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Dont Know  
 15. Birthplace Dont Know 9  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Clara Matties  
 (b) Address Kennett R-1  
 17. (a) Burial (b) Date thereof 6-7-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cude Cem of  
 18. (a) Signature of funeral director Joseph ...  
 (b) Address Kennett Mo  
 19. (a) 7-1-43 (b) Julius Blankenship  
 (Date received local registrar) (Registrar's signature)

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) Means of injury \_\_\_\_\_  
 23. Signature Van H Bonds (M. D. or other) \_\_\_\_\_  
 Address Hersheyville Mo Date signed 6-5-43

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

RECEIVED

District Health Office No. 2,

District File Number 843-103

Date Filed 8-11-45

SEP 20 1945

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 *Walter A. Hawker's*

Licensed Embalmer No. *2002*

P. O. Address *Kennett me*

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.

Registration District No. 107

Primary Registration District No. 0422

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Rural Independence  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin  
(c) City or town Independence Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Mattie Jr.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased June (Month) 1 (Day) \_\_\_\_\_ (Year)

8. AGE: Years 70 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

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

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) 7-1-43 (Date received local registrar) (b) Judith Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January year 1943 day \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to cerebral hemorrhage  
hypertension

Due to acute nephritis  
Other conditions Chc. nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy 1316

Duration

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

28137

VAN H. BOND, M. D.

PHYSICIAN AND SURGEON

HORNERSVILLE, MO.

OCT 4 - 1943

Dear Doctor: -

Mr Robert Mattice was  
past 70 years of age - had been ill for  
some time, but was up looking after the  
farm. - I was called one night about  
11 AM, found him "encomiase" found  
Complete paralysis on left side. Urinalysis  
showed nephritis. Diagnosis hemorrhage  
of brain. I am yours truly  
Van H Bond