

FILED MAR 20 1944

Registration District No. 11

Primary Registration District No. 5040

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Barry  
 (b) City or town Rural Capeter Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
H 1/2 mi. W. of Cassville.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 69 years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4 1/2 mi. N.W. of Cassville.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James William Mattingly

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

4. Sex m. 5. Color or race w. 6. (a) Single, widowed, married.  
divorced Married

6. (b) Name of husband or wife Flora Ellen Mattingly 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 2 1874.  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monett Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farming.

12. Name Leuis Mattingly.

13. Birthplace Barry Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mahalf Catherine Mattingly

15. Birthplace Wawa Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Mattingly.

(b) Address Cassville, Mo. R. # 1

17. (a) Antioch Cem (b) Date thereof Feb 9, 1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Church.

18. (a) Signature of funeral director R. D. [Signature]

(b) Address Cassville, Mo.

19. (a) Feb 12-1944 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8  
 year 1944 hour \_\_\_\_\_ minute 1030 P. M.

21. I hereby certify that I attended the deceased from Sept 1943 to Feb. 8 1944  
 that I last saw him alive on Feb 8 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pericarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 90 f  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_  
(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) (or) Means of injury \_\_\_\_\_

23. Signature Herbert H. Galyer M.D. (M. D. or other)  
 Address Cassville Mo. Date signed Feb 11

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

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

RECEIVED

District Health Officer No. 6,

District File Number 344-401

Date Filed MAR 17 1944

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.....

*W. C. Koon*

Licensed Embalmer No.....

*4359*

P. O. Address.....

*Cassville, 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.