

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25079

FILED JUL 20 1944

Registration District No. 1978

Primary Registration District No. 5662

Registrar's No. 68

56006
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Years
Rural LaBelle, Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None
In this community: 40 yrs 4 m 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. LaBelle Twp. Lewis County 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Phillip Mattingly

3. (b) If veteran, name war: none 3. (c) Social Security No. none

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

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

7. Birth date of deceased: February 8th, 1904
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: -----

MOTHER FATHER

12. Name Phillip A. Mattingly

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

14. Maiden name Nettie R. Washburn

15. Birthplace Lewis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nette A. Mattingly

(b) Address LaBelle, Missouri

17. (a) Burial (b) Date thereof June 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: LaBelle, Cemetery

18. (a) Signature of funeral director: Norman D. Leoder
(b) Address LaBelle, Missouri

19. (a) 6/20/44 (b) P.W. Jennings
(Date received local registrar) (Registrar's signature)

987

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1944 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from 10th Day of November 1943 to June 19, 1944
that I last saw him alive on June 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart failure Duration

Due to Atitativin of Heart

Due to Shock from hemorrhage
perforation Dec. 9, 1943

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: Dysenteric ulcers of bladder
Of autopsy: None 9504

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?

(Specify type of place) While at work? (c) Means of injury

23. Signature: L.H. Lillard (M. D. or other)
Address: LaBelle Mo. Date signed 6/20

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SEP 5 1944

1944
SEP 5 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 Norman D. Coder
Licensed Embalmer No. 3721
P. O. Address LaBelle 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.