

FILED SEP 28 1944
Registration District No. 5946

Primary Registration District No. 3059

State File No. _____
Registrar's No. 165-

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location) 0

(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 St. Francois

(c) City or town Bonne Terre, Route No. 1 94
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Chester Henry Mattingly

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

4. Sex Male 5. Color or race white caucasian

6. (a) Single, widowed, married, divorced _____ 0

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

7. Birth date of deceased September 3 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3
year 44 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from 9-2 1944 to 9-3 1944
that I last saw him alive on 9-3 1944
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. _____ min.

Immediate cause of death acute bacterial lung

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 161a

9. Birthplace Bonne Terre, Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Mr. Leo A. Mattingly

13. Birthplace Madison Co. (City, town, or county) (State or foreign country) 0

14. Maiden name Margaret Brown

15. Birthplace Flat River, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mr. Leo A. Mattingly (Father)
(b) Address R. 2 W. No. 1 Bonne Terre, Mo.

17. (a) Burial (b) Date thereof Sept 4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memorial Park

18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Crane St. Flat River, Mo.

19. (a) Sept 5 1944 (b) James Johnson
(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) (e) Means of injury 0

23. Signature N O Gault (M. D. or other) _____
Address Dealsburg Date signed 9-5-44

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

4
2
1

RECEIVED

District Health Officer No. 4

District File Number 944-4325

Date Filed 9-26-44

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat River, 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.