

FILED MAR 22 1945

Registration District No. _____

Primary Registration District No. 3036

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Laurens
(b) City or town Aurora Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 222 W. Locust St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laurens
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 222 W Locust
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Key Earl Matfield
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1945 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb 1 1945 to Feb 2 1945
that I last saw him alive on Jan 31 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept 18 (Month) 1883 (Day) (Year)

Immediate cause of death Carcinoma of Liver

8. AGE: Years 61 Months 4 Days 14 If less than one day hr. _____ min. _____

Due to _____
Due to 468

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Delora Matfield

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

14. Maiden name unknown

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

16. (a) Informant Elizabeth Matfield

(b) Address 222 W Locust St

17. (a) Rural (b) Date thereof 2/4/45 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director W. G. Herron

(b) Address Aurora Mo

19. (a) Feb 3 1945 (Date received local registrar) (b) W. G. Herron (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 _____

23. Signature W. G. Herron (M. D. or other) _____

Address Aurora, Mo Date signed Feb 2 45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,
District File Number 345-337

Date Filed MAR 21 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.....

Myself

Registered Apprentice No. *✓*

working under my personal supervision.

Signed.....

Osca L. Marsh

Licensed Embalmer No. *3812*

P. O. Address.....

Quora 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.