

FILED JUN 7 1945
 Registration District No. **276**

Primary Registration District No. **5949-5947**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town St James Rural
 (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 _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Phelps
 (c) City or town St James
 (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 Luther Matlock
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month 3 day 5
 year 1945 hour 2:00 minute 0 M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lura Matlock 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased: 3-9-1884
 (Month) (Day) (Year)

Immediate cause of death: Chs myocarditis & congestive failure Duration ? yrs
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 60 Months 11 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Marion Co Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

MOTHER FATHER
 11. Industry or business _____
 12. Name Thos Matlock
 13. Birthplace Marion Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Luanda Kane
 15. Birthplace Marion Co Mo
 (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 Lura Matlock
 (b) Address St James Mo
 17. (a) Burial (b) Date thereof: 3-7-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Matlock Cem

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? _____

18. (a) Signature of funeral director W. E. Licklider
 (b) Address St James Mo
 19. (a) 5-31-45 (b) Chancee Dickson
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature E. E. Feind M.D. (M. D. or other)
 Address Rolla Mo Date signed 5-28-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Embalmer