

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. GOVERNMENT PRINTING OFFICE: 1945  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31230

State File No. \_\_\_\_\_

**FILED** OCT 4 1945

Registration District No. 280

Primary Registration District No. 6-964

Registrar's No. 49

**1. PLACE OF DEATH:**

(a) County J Platte

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
North of Fairfax Airport 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.  
(Specify whether years, months or days)

In this community passing through

**2. USUAL RESIDENCE OF DECEASED:**

(a) State unknown, (b) County \_\_\_\_\_

(c) City or town unknown,  
(If outside city or town limits, write "RURAL")

(d) Street No. X  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Henry H. Mattos #39842589

3. (b) If veteran, name war World War #2

3. (c) Social Security No. unknown.

4. Sex Male race White

5. Color or race \_\_\_\_\_

6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife unknown,

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

7. Birth date of deceased unknown,  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>unknown,</u>			<u>hr. min.</u>

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

10. Usual occupation Staff Sergt.

11. Industry or business Army

12. Name unknown,

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 U. S. Army

(b) Address Kansas City, Mo.

17. (a) removal (b) Date thereof 9-19-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland, California

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-15-45 (b) Mrs. Ophelia Rallin  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 10 year 1945 hour 12 minute 15 A M.

21. I hereby certify that I attended the deceased from 1730 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
134  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death 2nd and 3rd degree burns entire body compound fracture left femur

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

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

Other conditions 8  
(Include pregnancy within 3 months of death)

Major findings: 1730 134

Of operations \_\_\_\_\_

Of autopsy no

History & Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 9-15-45-83

(b) Date of occurrence Platte County Missouri

(c) Where did injury occur? Public Place  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? yes (Specify type of place) air plane crash  
(e) Means of injury

23. Signature Jimmie [unclear] (M. D. or other) Carroll  
Address 1424 [unclear] [unclear] Date signed 9-15-45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

83  
0  
0

1488

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*J. Allen*  
.....  
Licensed Embalmer No. *1415*  
.....  
P. O. Address. *J. C. Hall*  
.....

**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.