

Registration District No. 237

Primary Registration District No. 3048

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Laura Burns Matlock

3. (b) If veteran, name war _____

3. (c) Social Security No. 110

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Elmer Matlock

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 20, 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Burns

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

14. Maiden name Mary Ann Burns

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

16. (a) Informant Clearmont, Missouri

(b) Address burial

17. (a) (Burial, cremation, or removal) burial

(b) Date thereof Jan 21, 46
(Month) (Day) (Year)

(c) Place: burial or cremation Clearmont Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maruville Mo.

19. (a) Jan 23 1946 (b) Bess Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 19 1946
day 30 year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 15, 1945, to Jan 19, 1946
that I last saw her alive on Jan 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of R. Lung
E. metastasis

Duration 1 yr.

Due to _____

Due to _____

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

Major findings: 468

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. C. Bauman (M. D. or other) M.D.

Address Maruville 131 S. Main Date signed 1/21/46

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

1690

74
1
20

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

John W. Price

Licensed Embalmer No.....

4281

P. O. Address.....

Maryville 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.