

2
17-39
X36671

FILED JUN 3 1946

Registration District No. 225

Primary Registration District No. 4330

Registrar's No.

1. PLACE OF DEATH:
 (a) County **MONROE**
 (b) City or town **MONROE CITY**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
117 A. WINTER 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 **2 Yrs** _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **MONROE** **69**
 (c) City or town **MONROE CITY** **1**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **117 A. WINTER ST** **0**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE HENRY MATLOCK**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **MAY** day **15**
 year **1946** hour **6** minute **30A.** M.
 21. I hereby certify that I attended the deceased from
5 - 3, 19**46**, to **5 - 15**, 19**46**
 that I last saw him alive on **5 - 15**, 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **IDA CATHERINE** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **JULY 26 1864**
 (Month) (Day) (Year)

Immediate cause of death **Carcinoma of stomach**
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations **U605**
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
81 9 19 hr. min.

9. Birthplace **FRANKFORD KENTUCKY**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **FARMER (RETIRED) 20 Yrs**

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 **F. M. Little** (M.-D. or other) **D.O.**
 Address **Monroe City, Mo.** Date signed **5-16-46**

11. Industry or business _____
 MOTHER FATHER { 12. Name **JAMES MONROE MATLOCK**
 13. Birthplace **KENTUCKY** (State or foreign country)
 14. Maiden name **ARMINIA RAGAR**
 15. Birthplace **KENTUCKY** (City, town, or county) (State or foreign country)
 16. (a) Informant **Hazel B. Wilson**
 (b) Address **Monroe City Mo**
 17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **5-16-46** (Month) (Day) (Year)
 (c) Place: burial or cremation **EBENEZER CEMETERY MARION**
 18. (a) Signature of funeral director **Wilson & Sons**
 (b) Address **MONROE CITY, MO**
 19. (a) **May 16, 1946** (Date received local registrar) (b) **F. M. Little** (Registrar's signature)

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

JUN 7 1946

RECEIVED

District Health Officer No. 10,077

District File Number 5-46-10989

Date Filed MAY 28 1946

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address MONROE CITY, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. JuneRegistration District No. 226Primary Registration District No. 4238

Registrar's No. _____

1. PLACE OF DEATH:

(a) County monroe
(b) City or town monroe city
(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 _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME George H. Matlock

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married divorced wid

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

7. Birth date of deceased July 26 1946
(Month) (Day) (Year)8. AGE: Years 81 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) May 16, 1946 (b) Chas Little
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
year 1946 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

17457