

No. 2
-8-43
5-17-39
I X37823

1011 Taylor
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
FILED SEP 10 1946

28157

State File No. _____

Registration District No. 3.16

Primary Registration District No. 3059

Registrar's No. 270

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 40 E. School 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 40 E. School
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLIVE BENTLEY MATKIN
3. (b) If veteran, name war V
3. (c) Social Security No. V

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 15th
year 1946 hour 4 minute P. M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oliver H Matkin
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan. 6 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1944 to Jan 15 1946;
that I last saw her alive on Jan 12 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocarditis
Duration 3

8. AGE: Years 68 Months 7 Days 9
If less than one day hr. _____ min. _____

Due to Diabetes 15 yrs
Hypertension 15 yrs

9. Birthplace Winchester Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

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

11. Industry or business _____
12. Name George W. Bentley
13. Birthplace Winchester Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Emma R. Palmer
15. Birthplace Winchester Kentucky
(City, town, or county) (State or foreign country)

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? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____

16. (a) Informant C. H. Matkin
(b) Address 40 E. School Bonne Terre Mo
17. (a) Burial (b) Date thereof 8-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Mem. Ch. Benham Rd Co
18. (a) Signature of funeral director _____
(b) Address 313 Benham Bonne Terre Mo
19. (a) 8-28-46 (b) Ether Rudlaff
(Date received local registrar) (Registrar's signature)

287 (Licensed Embalmer's Statement on Reverse Side)

23. Signature V. W. J. J. J. J. (M. D. or other) MD
Address Bonne Terre Mo Date signed 8-18-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 946-256

Date Filed 9-9-46

JUL 1 1947

APR 17 1957

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonnie Jean Th

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.