

FILED OCT 22 1946

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Osceola
(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 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
(c) City or town Osceola
(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 Lucy Dale Mattox

3. (b) If veteran, name war: NO 3. (c) Social Security No. 710

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Mattox 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 9, 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Chase

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

14. Maiden name Sally Kenton

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

16. (a) Informant Mrs. Hazel West

(b) Address Osceola, Mo.

17. (a) Removal (b) Date thereof 10-15-46
(Removal, cessation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mid-Moray B.C., Mo.

18. (a) Signature of funeral director D. Phillips

(b) Address Osceola

19. (a) Oct. 15, 1946 (b) W. J. Dault
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1946 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 2 to Oct 14, 1946.
that I last saw her alive on Oct 14, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death urine Duration 3 days
Cancer
Due to Cardio-Vascular 10 yrs
vascular
Due to disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 93D
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? _____

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

23. Signature W. J. Dault (M. D. or other) _____
Address Osceola Mo Date signed 10/17/46

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-21-46

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.....

Jouis D. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jouis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Bedford*

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.