

S. No. 2  
1-9-44  
7. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 1947

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39694

State File No. ....

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1438

1. PLACE OF DEATH:  
(a) County Boscawen  
(b) City or town St Joseph Mo  
(c) Name of hospital or institution: State Hospital No 2  
(d) Length of stay: In hospital or institution 4-1-46 18 days  
In this community 1 mo. 18 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Baldwell  
(c) City or town Skidder  
(d) Street No. ....  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ollie L Mattox

3. (b) If veteran; name war not stated 3. (c) Social Security No. not stated

4. Sex M 5. Color or race W

6. (b) Name of husband or wife Ruth S Mattox

7. Birth date of deceased July 16 1891

8. AGE: Years 55 Months 5 Days 15

9. Birthplace Harrisonville MO

10. Usual occupation farmer

11. Industry or business .....

12. Name John D. Mattox

13. Birthplace Ky

14. Maiden name Sally Cassady

15. Birthplace Ky Kentucky

16. (a) Informant Record Hospital

17. (a) Address St Joseph Mo

18. (a) Signature of funeral director De Mear Crunk

19. (a) 1-2-47 (b) L. B. Jenkins

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1946 hour 9-40 minute 9 M.

21. I hereby certify that I attended the deceased from Nov 9 1946 to Dec 31 1946

that I last saw him alive on Dec 30 1946 and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia Bronchial

Due to Pulmonary Tuberculosis

Due to .....

Other conditions. 13B

Major findings: Of operations .....

Of autopsy Swiss to Pneumonia Myocarditis acute dilatatory

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? .....

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

23. Signature E. S. Salyer M.D. (M. D. or other) Address St Joseph Mo Date signed 1/31-47

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

MOTHER FATHER

OCT 21 1948

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

*James Herwick*

Licensed Embalmer No.

2533

P. O. Address

Cameron 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.