

Registration District No. 149

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. 5110

1. PLACE OF DEATH:

(a) County JACKSON  
 (b) City or town K.C.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
215 1/2 INDEP AVE 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 unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON 4  
 (c) City or town K.C.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 215 1/2 Indep Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? unknown (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

FRED MATTIE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. unknown

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced unknown  
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased unknown  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
app 70 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 Coroner's office

(b) Address K.C. Mo. 1

17. (a) Removal (b) Date thereof 12/1/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McLeary K.C.

18. (a) Signature of funeral director Sebbeta's

(b) Address City

19. (a) 12-5-46 (b) Steraldine Holmes  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2  
 year 46 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Duration \_\_\_\_\_

Coronary Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy History of \_\_\_\_\_

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) \_\_\_\_\_

23. Signature A.E. Usher (M.D. or D.V.M.) \_\_\_\_\_

Address 2800 Main Day \_\_\_\_\_

**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 Roy E Snow  
Licensed Embalmer No. 2560  
P. O. Address K C Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.