

FILED AUG 12 1947

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 5354

Registrar's No. 23803

1. PLACE OF DEATH:

(a) County MISSOURI Dallas  
(b) City or town RED TOP "RURAL"  
(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 LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DALLAS  
(c) City or town RED TOP "RURAL"  
(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 JEANETT CAROL MATTOX

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased OCT. 17 1943  
(Month) (Day) (Year)

8. AGE: Years 3 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace RED TOP MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name GLEN MATTOX

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

14. Maiden name DORA DAVIS

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

16. (a) Informant GLEN MATTOX

(b) Address RED TOP MO

17. (a) BURIAL (b) Date thereof 7-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION GROVE

18. (a) Signature of funeral director L. B. JONES

(b) Address BUFFALO MO

19. (a) 8-12-47 (b) Miss J. B. Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17  
year 1947 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from 4-18 1947 to 7-17 1947;  
that I last saw her alive on 7-9-47 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis meningitis Duration 2 1/2 mo

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

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

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

Major findings: Of operations JH

Of autopsy \_\_\_\_\_

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) (e) Means of injury 0

23. Signature Arthur Smith (M. D. or other) \_\_\_\_\_

Address Springfield Mo Date signed 7-26-47

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

DATE FILED  
8-12-47  
FILE NO. 7-47-944  
RECEIVED  
DISTRICT HEALTH OFFICER NO. 78

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..... *Marion B. Jones* .....

Licensed Embalmer No. *4322* .....

P. O. Address *Buffalo, 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.