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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23926**
Registrar's No. **638**

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Reilly VA Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Days**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wright**
(c) City or town **Mansfield (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDGAR L. MATLOCK**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nenar Matlock** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **Dec. 21, 1887**
(Month) (Day) (Year)

8. AGE: Years **60** Months **5** Days **6** If less than one day
hr. _____ min.

9. Birthplace **Wright Co., Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry N. Matlock**
13. Birthplace **Missouri**
14. Maiden name **Amanda Summers**
15. Birthplace **unknown**

16. (a) Informant **Clinical Files, VA Hosp.**
(b) Address **Springfield, Mo.**

17. (a) ~~Burial~~ (b) Date thereof **7-16-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hartsville, Mo.**

18. (a) Signature of funeral director **George J. Bell**
(b) Address **Springfield, Mo.**

19. (a) **2-16-47** (b) **W. E. Handley, M.D.**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**
year **1947** hour **6** minute **30** A. M.
21. I hereby certify that I attended the deceased from **July 9,** 19 **47** to **July 16,** 19 **47**
that I last saw him alive on **July 16** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, tularemia**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **Same as above**

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?

19. (a) Signature **Paul L. Eisele** (Specify type of place) _____
Where at _____ Means of injury _____

23. Signature **PAUL L. EISELE** (M. D. or other) _____
Address **VAH Springfield, Mo** Date signed **7/16/1947**

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

AUG 11 1947

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

Louis G. Schaff

Licensed Embalmer No.

3862

P. O. Address

Springfield 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.