

No. 2
-12.45
S-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32027
Registrar's No. 50

Registration District No. 273 Primary Registration District No. 5919

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural Saline Twp.
(c) Name of hospital or institution St. Marys R.I.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Perry 29
(c) City or town St. Marys R. #1.
(d) Street No. _____
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Anastasia Mattingly
(b) If veteran, name war _____
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 10
year 1947 hour 9 minute AM.
21. I hereby certify that I attended the deceased from Mar 20 1946 to Sept 10 1947
that I last saw her alive on Sept 19 1947
and that death occurred on the date and hour stated above.

4. Female 5. Color or race White 6. (a) Widowed
6. (b) Name of husband Charles B. Mattingly 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 20, 1865
(Month) (Day) (Year)

Immediate cause of death Coronary Heart Disease Duration 5 yrs
Due to Chronic Myocarditis
Due to Hypertension
Arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 7 Days 20 If less than one day _____ hr. _____ min.
9. Birthplace St. Genevieve, Mo.
(City, town, or county) (State or foreign country)

Major findings: 93.P
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name John Brown
13. Birthplace St. Genevieve, Mo.
14. Maiden name Mary Mc Kee
15. Birthplace St. Genevieve, Mo.
16. (a) Informant Henry Mattingly
(b) Address Perryville, Mo.
17. (a) Burial (b) Date thereof 9-10-47
(c) Place: burial Mt. Hope Cemetery
18. (a) Signature of funeral director Wm. Hugh Home
(b) Address Perryville, Mo.
19. (a) 9-12-47 (b) Joe Speller
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature McCarroll (M. D. or other) _____
Address Perryville Mo Date signed 9-11-47

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

RECEIVED

District Health Officer No. 4
District File Number 947-1198
Date Filed 9-17-47

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 Albert Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.