S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9900

State File No.

Registration District No. 396 | Primary Registration District No. 3061 | Registrar's No. 104

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Flat River, Mo.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Francois
(c) City or town: Flat River, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: 15 High St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mr. William Henry Matkin.
3. (b) If veteran, name war:
3. (c) Social Security No.: 493-050-4515
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Grace Wedlow Matkin
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 16 (Day) 1891 (Year)

8. AGE: Years 56 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace: Ste Genevieve (City, town, or county) Mo. (State or foreign country)
10. Usual occupation:
11. Industry or business: Lead Belt Water Co.
12. Name: Mr. William H. Matkin
13. Birthplace: St. Francois Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Harriet Elizabeth Rhoden
15. Birthplace: Cape County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mr. Barney Matkin (Brother)
(b) Address: 15 High St. Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Parklawn Farmington Mo.
18. (a) Signature of funeral director: Alvin W. Abel
(b) Address: 303 Crane St. Flat River Mo.
19. (a) 4-7-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 30 year: 1948 hour: 3 minute: 45 A.M.
21. I hereby certify that I attended the deceased from Jan 1 1948 to Mar 30 1948 that I last saw him alive on Mar 30 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Carcinoma of Lung

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy:

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: C H Applberry (M. D. or other) MD
Address: Flat River Mo Date signed: 3-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 448-495

Date Filed 4-12-48

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 Alvin W. Hood.

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat Rock, N

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.