

No. 2
1/47
17-39

FILED APR 27 1948

Registration District No. **316**

Primary Registration District No. **6070**

Registrar's No. **119**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Knoblick**
(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 **lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois 94**
(c) City or town **Knoblick**
(If outside city or town limits, write "RURAL")
(d) Street No. **no** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME **Benjamin Guy Matkin**

3. (b) If veteran, name war: **/** 3. (c) Social Security No. **/**

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife **Bula Allen Matkin** 6. (c) Age of husband or wife if alive **33** years
7. Birth date of deceased **April 2 1907**
(Month) (Day) (Year)

8. AGE: **41** Years **14** Months **14** Days If less than one day **hr. min.**

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

10. Usual occupation **carpenter**

11. Industry or business

MOTHER FATHER

12. Name **William Leroy Matkin**
13. Birthplace **Knoblick Mo;** (City, town, or county) (State or foreign country)
14. Maiden name **Daisy Murphy**
15. Birthplace **Knoblick-Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ben Matkin**
(b) Address **Knoblick, Mo.**

17. (a) **b** (b) Date thereof **4-18-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Knoblick, Mo.**

18. (a) Signature of funeral director **C. H. Cozean**
(b) Address **Farmington, Mo.**

19. (a) **4-20-48** (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16** year **1948** hour **2** minute **40** a. m.
21. I hereby certify that I attended the deceased from **June 1947** to **April 16, 1948**
that I last saw him alive on **April 15, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Process** **2 day**
Due to **Sarcoma of mesentery** **2 year**
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **no**
Of autopsy **no**
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? **2**
While at work? (Specify type of place) (e) Means of injury
23. Signature **L. M. Stanfield** (M. D. or other) **DO**
Address **Lawrence, Mo** Date signed **4/16/48**

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

RECEIVED

District Health Officer No. 4
File Number 448-53
Date Filed 4-26-4

MAY 5 1948

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 _____

Licensed Embalmer No. 4084

P. O. Address Leominster, Mass.

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.