

FILED DEC 10 1948

Registration District No.

Primary Registration District No. 3000

Registrar's No. 345

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Knoxville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Green South Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) 1 day

3. (a) PRINT FULL NAME GRACE MATTICKS

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Alvin Matticks
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: March 17 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 14
If less than one day hr. min.

9. Birthplace Knox County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Own Home

12. Name of father William Henry H. Hubble

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

14. Maiden name Frances Hubble

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

16. (a) Informant Mrs. Grace Matticks
(b) Address Knox City MO

17. (a) Burial (b) Date thereof Dec 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of general director Jesse & Walter
(b) Address Knox City MO
19. (a) 12-2-48 (b) W. Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox
(c) City or town Knox City
(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:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1948 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 1 1948 to Dec 1 1948
that I last saw him ER alive on Nov 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cosney's Sclerosis
Duration: 7

Due to:

Due to: Chronic myocarditis

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

Major findings:
Of operations: 93P
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

(Specify type of force) While at work (e) Means of injury
23. Signature Jesse B. ... (M. D. or other) md
Address Knox City MO Date signed 12/1/48

DEC 14 1948

RECEIVED

District Health Officer No. 10

District File Number 12-48-7107

Date Filed DEC 9 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 Frederic W. Miller

Licensed Embalmer No. 684

P. O. Address 1111 1/2 E. 7th

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.