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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42327

Registration District No. 312

Primary Registration District No. 4543

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour, 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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Webster 112

(c) City or town Seymour
(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 SAMUEL MATNEY

3. (b) If veteran, name war _____ 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 Mary Matney 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec. 28, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 11 26 hr. _____ min.

9. Birthplace Webster county Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Matney

13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

14. Maiden name Susan Copley

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

16. (a) Informant Yelma Klier

(b) Address Seymour, Mo.

17. (a) Burial (b) Date thereof Dec. 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Star Cemetery

18. (a) Signature of funeral director Kelley, Ferrell, Pedgona

(b) Address Seymour, Mo.

19. (a) Dec 31 - 48 (b) Gilbert Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1948 hour 4:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from May
1946 to Dec - 24 1948
that I last saw h. alive on Dec - 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to _____

Due to _____

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

Major findings:
Of operations _____

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? _____ (City or town) (County) (State)

(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 R. Lee (M. D. or other) _____

Address Seymour Mo. Date signed 1/25/49

RECEIVED

District Health Officer No. 6

District File Number 149-23

Date Filed 1-5-49

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.....

Max L Miller

, Registered Apprentice No. 282

working under my personal supervision.

Signed H. H. Kelley

Licensed Embalmer No. 30334

P. O. Address Fardland ma

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.