

FILED APR 19 1944

Primary Registration District No. 6287

Registrar's No. 7

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

1. PLACE OF DEATH: Wright, Pleasant

(a) County Wright

(b) City or town Cedar Gap, Ind. Co.
(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)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Wright

(c) City or town Cedar Gap
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRISON, MATNEY,

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1944 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to Feb 20 1944; that I last saw him alive on Feb 15 1944; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife WIFE 6. (c) Age of husband or wife if 65 years

7. Birth date of deceased: JAN 2 1874
(Month) (Day) (Year)

Immediate cause of death: Myocardial Degeneration

Due to _____

Duration 19

8. AGE: Years 70 Months 1 Days 68 If less than one day _____ hr. _____ min.

9. Birthplace Cedar Gap, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation BARBER

11. Industry or business _____

12. Name Elias, Matney

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

14. Maiden name Susan, Copley

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

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

Major findings: Of operations 93d

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant MARC, MATNEY

(b) Address Cedar Gap

17. (a) BURIAL (b) Date thereof Feb 22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Star Cem.

18. (a) Signature of funeral director Kelley-Ferrell

(b) Address Seymour, Mo.

19. (a) 3/10/1944 (b) S.L. Hensley
(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? _____ (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) (2) Means of injury _____

23. Signature Seymour, Mo. (M. D. or other) _____
Address _____ Date signed 2/25/44

RECEIVED

District Health Officer No. 6,

District File Number 444-441

Date Filed APR 12 1944

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour, 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.