

National Office of Vital Statistics
FILED DEC 16 1948

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 360

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Grim-Smith Memorial Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 9 weeks
 (Specify whether
 In this community Lifetime
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 509 S. Cottage Grove
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EDGAR CLETUS MATLICK

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 Nettie M. Matlick 6. (c) Age of husband or wife if
 alive 65 years
 7. Birth date of deceased April 26 1871
 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 6 If less than one day
 hr. _____ min.

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

10. Usual occupation Retired Hatchery Operator

11. Industry or business _____

12. Name Jacob G. Matlick
 13. Birthplace Grafton, W. Va.
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Falkenstein
 15. Birthplace Grafton, W. Va.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. E. C. Matlick
 (b) Address 509 S. Cottage Grove, Kirksville, Mo.

17. (a) Burial (b) Date thereof 12-5-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Cemetery

18. (a) Signature of funeral director Davis Funeral Home
 (b) Address Kirksville, Mo.

19. (a) 12-8-48 (b) Kate Lambert
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
 year 1948 hour 6 00 minute 10 A.M.

21. I hereby certify that I attended the deceased from
Oct. 1, 1948, to Dec. 2, 1948;
 that I last saw him alive on Dec. 2, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis, chronic Duration 1 Yr.

Due to _____

Due to _____

Other conditions Urinary calculae 20 Yrs.
 (Include pregnancy within 3 months of death)

Major findings: 1230
 Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) M.D.

Address Kirksville, Missouri Date signed 12-10-48

RECEIVED

District Health Officer No. 10

District File Number 12-48-26

~~Don File~~ DEC 17 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, ~~_____~~ _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Clarence M. Bills

Licensed Embalmer No. 4375

P. O. Address Kirkville, 9110.

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.