

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**3191**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Johanson Registration District No. 427  
 (b) Township Kingsville Primary Registration District No. 583  
 (c) City Kingsville (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Samuel Bentle Hiatt 300  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Hiatt  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 - 1862  
 7. AGE YEARS 75 MONTHS 11 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate Business  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

**FATHER**  
 13. NAME B.S. Hiatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

**MOTHER**  
 15. MAIDEN NAME Martha Ann Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs S. B. Hiatt Kingsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cemetery DATE Jan 23 1938

19. FUNERAL DIRECTOR (ADDRESS) T. W. Goodman Holden Missouri

20. FILED Jan 23 1938 Miss V. Redford Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22nd 1938

22. I HEREBY CERTIFY that I attended deceased from Several months 1938 to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on Jan 18 1938 Death is said to have occurred on the date stated above, at 4:40 A.M.  
 The principal cause of death and related causes of importance were as follows:

Lie down  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: High Blood Pressure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) P. L. Gilly M. D.

(Address) Holden Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, W. Goodman, Licensed Embalmer No. 2424

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

W. Goodman

Licensed Embalmer No. 2424

**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.)**