

OCT 24 1938

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

32657
Do not use this space.

1. PLACE OF DEATH

(a) County LINN Registration District No. 494
(b) Township BROOKFIELD Primary Registration District No. 3025
(c) City Brownfield (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

CURTIS WESLEY HATCH 200
(a) Residence, No. BROOKFIELD Mo 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

MEDICAL CERTIFICATE OF DEATH

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 MILMA HATCH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 26 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
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) BROWNING Mo

FATHER 13. NAME H. H. HATCH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BROWNING Mo

MOTHER 15. MAIDEN NAME BELLE SMITH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARCELINA Mo

17. INFORMANT (ADDRESS) H. H. HATCH MEADVILLE Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE MEADVILLE Mo DATE SEP. 14 38

19. FUNERAL DIRECTOR (ADDRESS) Smiley FUNERAL HOME WHEELING Mo

20. FILED 1 1938 Justus Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1938 to Sept 12 1938
I last saw him alive on Sept 12 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Typhoid Fever
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Leucocytosis 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) Dr. W. H. Patten M. D.

(Address) Brookfield Mo

DEC 10 1946

RECEIVED

District Health Officer No. 10

District File Number 10-3X-276

Date Filed 10-2-28

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M.E.

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Frank L. Smiley
Licensed Embalmer No. 470

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)