

DEC 19 1938

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

39433  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Barthage Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
(c) City Barthage (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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cynthia Hathcock

(a) Residence, No. 1149 S. Main 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Hathcock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 9 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) Warsaw  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Goodwin

14. BIRTHPLACE (CITY OR TOWN) Warsaw  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Julia Lane

16. BIRTHPLACE (CITY OR TOWN) Warsaw  
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Merle Keltin  
Chicago, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Nov 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) Knee Mortuary  
Barthage, Mo.

20. FILED Nov. 21, 1938 E. J. McIntire, M.D.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1938, to Nov 17, 1938

I last saw her alive on Nov 17, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic cholecystitis and peptitis

Date of onset

Other contributory causes of importance: arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? lab 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?   
If so, specify \_\_\_\_\_  
(Signed) Lloyd B. Clifton, M. D.  
(Address) Barthage, 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

District Health Officer No. 6,

District File Number 6-38-784

Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. 391

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

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Ernest D. Bell

Licensed Embalmer No. 391

**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.)**