

REC'D FEB 21 1939

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

1483  
Do not use this space.

1. PLACE OF DEATH  
(a) County Audrain Registration District No. 26  
(b) Township Saltriver Primary Registration District No. 3002  
(c) City Mexico (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Delbert Lee Hatfield  
(a) Residence, No. 408 S. Jefferson St. 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1900  
7. AGE YEARS 38 MONTHS 7 DAYS 16 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. Brick Plant  
10. Date deceased last worked at this occupation (month and year) Jan. 13, 1939 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.

FATHER 13. NAME William Hatfield  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Ind.

MOTHER 15. MAIDEN NAME Maggie Dutton  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pekin Ill.

17. INFORMANT (ADDRESS) Alvin Hatfield R.F.D. #1, Benton City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Mo. Elmwood Cemetery, DATE Jan. 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.A. Prechr & Son Mexico, Mo.

20. FILED Jan 24 1939 B. Lanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-1939  
22. I HEREBY CERTIFY, That I attended deceased from 1-17-1939 to 1-23-1939  
I last saw him alive on 1-23-1939 Death is said to have occurred on the date stated above, at 9 a. m.  
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia  
Emphysema  
Date of onset 10/1/38

Other contributory causes of importance: \_\_\_\_\_  
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) J. Harrison M. D.  
(Address) Mexico, 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.

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RECEIVED

District Health Officer No. 10

District File Number 10-39-42

Date Filed FEB 9 1939

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, .....

Earl E. Precht, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, above space should be left blank.**