

1890 JUN 13 1939

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

18476
Do not use this space.

1. PLACE OF DEATH

(a) County DADE Registration District No. 1161
(b) Township South Primary Registration District No. 5231 Registered No. _____
(c) City _____ (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 MARY JANE HATFIELD

(a) Residence, No. DADE COUNTY 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>EDWARD HATFIELD</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUG. 6, 1864</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>
		DAYS <u>6</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>RETIRED</u>	9. Industry or business in which work was done, as saw mill, bank, etc. <u>HOUSEWIFE</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>1</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ILLINOIS</u>	
FATHER	13. NAME <u>FRANCIS DEVERS</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ILLINOIS</u>
	15. MAIDEN NAME <u>HELEN DEVERS</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
	17. INFORMANT (ADDRESS) <u>ALBERT HATFIELD PIECE CITY, MISSOURI</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>VAN BUREN</u> DATE <u>3/22</u> <u>39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Peter O. Niemeyer Pierce City, Mo.</u>		
20. FILED <u>6-1</u> 19 <u>39</u> <u>9</u> Local Registrar <u>W. B. Bunnell</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 21 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1939 to MARCH 1939
I last saw her alive on MARCH 2nd 1939. Death is said to have occurred on the date stated above, at 2:20 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Fibrous Bronchitis
General Run-down
Condition Date of onset 1/12

Other contributory causes of importance:
an injured hip from a fall 7 years ago, was a contributing factor.

Name of operation none Date of na
What test confirmed diagnosis? clinical 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) Charles H. McHaffie, M. D.
W. B. Bunnell Local Registrar (Address) Ash Grove, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

RECEIVED

District Health Officer No. 61

District File Number 6-6-39-115-9

Date Filed JUN 5, 1968

STATEMENT BY LICENSED EMBALMER

I, Ricardo O. Hernandez Licensed Embalmer No. 3822

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 Ricardo O. Hernandez
Licensed Embalmer No. 3822

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.)

Vertical text on the right edge of the page, including "BHXIC" and other markings.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18476
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 1101
(b) Township South Primary Registration District No. 2331
(c) City..... (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 Mary Jane Hatfield

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Hatfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-5-1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 8 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21 1939
22. I HEREBY CERTIFY, That I attended deceased from 2 to 3 1939
I last saw her alive on 2-20 1939 Death is said to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Fibrous Bronchitis
General break down con
dition
Date of onset
Other contributory causes of importance:
He acquired this from a fall
17 years ago was a contributory
factor
Name of operation..... Date of.....
What test confirmed diagnosis Clinical Was there an autopsy?.....
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 Cheek H. McAffie M. D.
(Signed) Cash (Address) Cash

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

FATHER 13. NAME Francis Dever

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

MOTHER 15. MAIDEN NAME Devers

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

17. INFORMANT Albert Hatfield
(ADDRESS) Prescott

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wm. Buren DATE 3/22 1939

19. FUNERAL DIRECTOR Victor O. Niemeyer
(ADDRESS) Prescott

20. FILED July 2 1939 Geo. L. Weir
Local Registrar

COPIES FILED

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

