DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34015

Registration District No. 1003 Primary Registration District No. _____ Registrar's No. 8553

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town Marshall (If outside city or town limits, write "RURAL") NR
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Homer Hatton
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura Hatton
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb (Month) 14 (Day) 1871 (Year)

8. AGE: Years 68 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Warsaw Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business _____
FATHER
12. Name James Wesley Hatton
13. Birthplace Warsaw Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eleora Van Briggle
15. Birthplace _____ Ohio (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs G. O. Hatton
(b) Address 451 W. Boyd Marshall Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-7-39 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem Marshall Mo
18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall Missouri
19. (a) OCT 5 1939 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1939 hour 10 minute 45 A M.

21. I hereby certify that I attended the deceased from Sept 13, 1939, to Oct 5, 1939; that I last saw him alive on Oct 5, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Squamous Cell Carcinoma of Hypopharynx Erosion of left Common Carotid artery	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature F R Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
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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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.