

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36812

NOV 1 1939
NOV 7 1939
Registration District No. 45

Primary Registration District No. 5854

Registrar's No. 11

1. PLACE OF DEATH:

(a) County. Ozark
(b) City or town. Rural, Bridge
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 27 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME. BENTON LEE HATHCOCK

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. ✓

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased. Sept. 14 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 hr. min.

9. Birthplace. Ozark MO
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name. Archib. Hathcock

13. Birthplace. Ozark MO
(City, town, or county) (State or foreign country)

14. Maiden name. Esther

15. Birthplace. Ozark MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. Archib. Hathcock

(b) Address. Brinsville MO

17. (a) Brinsville (b) Date thereof. 10-11-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Clear Springs MO

18. (a) Signature of funeral director. Anthony

(b) Address. Dart MO

19. (a) 10/21-39 (b) J.T. W. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. Ozark

(c) City or town. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles East of Brinsville MO
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11
year 1939 hour 3 a.m. minute M.

21. I hereby certify that I attended the deceased from Oct. 7, 1939, to Oct. 11, 1939;
that I last saw him alive on Oct. 7, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition Duration

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?

While at work? (Specify type of place) Means of injury

23. Signature. J.T. White (M. D. or other)

Address. Brinsville MO Date signed 10/21/39

158

158-1000

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

368121

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 645
(b) Township Bridge Primary Registration District No. 5854 Registered No. 11
(c) City _____ (d) Street No. _____
(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 Benton Lee Hathcock

(a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 29

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

malnutrition
but very delicate
poor assimilation
Other contributory causes of importance: midn. 8

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 not white
(Signed) _____, M. D.
(Address) Boonville

