

1939 DEC 13 1939

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 318

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Malton
 (c) Name of hospital or institution: Callaway County H. V
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community about 15 minutes (Specify whether)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
 (c) City or town Debbetts, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Florence Belle Hathaway
 3. (c) Social Security No. _____
 8. (b) If veteran, name war _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov 30th day Nov
 year 1939 hour 3-30 minute 0 M.
 21. I hereby certify that I attended the deceased from _____ 19____;
Dec 1939 _____ 19____;
 that I last saw h. _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Malton S. Hathaway
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased April 5 1882
 (Month) (Day) (Year)

Immediate cause of death evdently from heart trouble Duration _____
 Due to _____
 Due to acute heart attack

8. AGE: Years Months Days If less than one day
57 7 25 hr. _____ min.

Other conditions _____ (include pregnancy within 3 months of death)
 Major findings: Of operations none
 Of autopsy none

9. Birthplace Debbetts Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife
 11. Industry or business _____
 MOTHER FATHER { 12. Name German Spencer
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Fancy Driscoll
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 11-30-39
 (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? no (Specify type of place) _____ (e) Means of injury _____
 23. Signature W. Garrett Jr. _____ (M. D. or other) _____
 Address 817 Court St _____ Date signed _____

16. (a) Informant's own signature Mrs. Sylvia Deusers
 (b) Address Debbetts Missouri
 17. (a) burial (b) Date thereof Dec. 2, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Debbetts, Missouri
 18. (a) Signature of funeral director Geo. H. Wallace
 (b) Address Malton, Mo
 19. (a) Dec 1, 1939 (b) R. M. Crews
 (Date received local registrar) (Registrar's signature)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.

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..... *Harold J. Christey*
Licensed Embalmer No. *4002*
P. O. Address..... *Putton, 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.