

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

6386
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township Jefferson Primary Registration District No. 5293 Registered No. 32
 (c) City or Town Jefferson City, Mo. (d) Street No. Highway 50 West 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 Joseph Albert Hatting

(a) Residence, No. Highway 50 West 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21, 1889</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>8</u>
		15
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. <u>Farmer</u>	
	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) <u>Jefferson City, Mo.</u>		
FATHER	13. NAME <u>John Bernard Hatting</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Gesena Brand</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Toas, Mo.</u>	
17. INFORMANT (ADDRESS) <u>John Hatting Jefferson City, Mo.</u>		
18. BURIAL CREMATION OR DISPOSITION PLACE <u>St. Peter's</u> DATE <u>2/8/40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>John F. Heinrichs Jefferson City, Mo.</u>		
20. FILED <u>2/9/40</u> <u>Hubbsford M. W.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6/40 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 90 1940, to Feb 5 1940
 I last saw him alive on Feb 5 1940 Death is said to have occurred on the date stated above, at 1:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus with Comp. Neph
Terminal Broncho Pneumonia
 Date of onset 15 yrs

Other contributory causes of importance: none

Name of operation none Date of none
 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? none Date of injury none 1940
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify none
 (Signed) Jas. A. Hill M. D.
 (Address) Jefferson City Mo

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

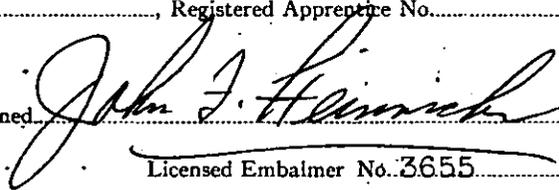
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. 3655.....

P. O. Address..... Jefferson City, 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.