

Registration District No. 609

Primary Registration District No. 5809

Registrar's No. 87

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town NEOSHO RURAL 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WEST BENTON TOWNSHIP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LAROLA HATZFELD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Hatzfeld 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased FEBY 18 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace WASHINGTON D.C.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
12. Name John W. Ebbinghaus
13. Birthplace Germany
14. Maiden name Ellen Roschi
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Hatzfeld

(b) Address Neosho Mo Rt 2

17. (a) BURIAL (b) Date thereof Mar 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maness Cemetery

18. (a) Signature of funeral director John Hatzfeld

(b) Address Neosho Mo Rt 2

19. (a) 3-5-40 (b) Charles R. Salem
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Newton
(c) City or town Neosho RURAL # 2
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBY day 29
year 1940 hour 12 minute P M.

21. I hereby certify that I attended the deceased from Aug 14
1939 to Feb 28, 1940
that I last saw her alive on Feb 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Disease of the coronary arteries Duration 18 Mo.

Due to _____
Due to 44 1/2

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) (e) Means of injury _____

23. Signature Charles O. Chesto (M. D. or other) D.D.
Address Neosho Mo Date signed 3/1/40

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.

RECEIVED

District Health Officer No. 6,

District File Number 340-855

Date Filed MAR 14 1940

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.....

Donald Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed

Donald Reed

Licensed Embalmer No. 2689

P. O. Address Reed 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.