

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10227

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 308

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5  
7  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3215 Mitchell Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 years  (Specify whether years, months or days)

In this community 9 years

3. (a) PRINT FULL NAME James Walter Hatcher

3. (b) If veteran, name war  3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Evan Hatcher 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September 4, 1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Morgan County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Insurance

12. Name Richard Henry Hatcher

13. Birthplace Morgan County Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Hazeltha Achnali Evans

15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Evans Hatcher

(b) Address 3215 Mitchell Avenue, St. Joseph

17. (a) burial (b) Date thereof March 18, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Mar. 18, 1940 (b) H. J. Nettles  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 3215 Mitchell Avenue  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1940 hour 5 minute 14 a. M.

21. I hereby certify that I attended the deceased from Nov 1 - 1934  
March 17, 1940, to March 17, 1940

that I last saw him alive on March 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senility

Due to \_\_\_\_\_

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

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? \_\_\_\_\_

23. Signature W. Weed (M. D. or other) MD  
Address Corby Bldg., St. Joseph Date signed 3-18-40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

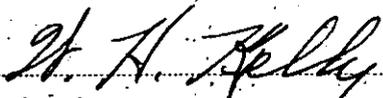
**STATEMENT BY LICENSED EMBALMER**

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. Mo. 3946

P. O. Address St. Joseph, Missouri

**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.**