

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.

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Josephs Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 35 YEARS  
years, months or days)

3. (a) PRINT FULL NAME WILLIAM J. HATTON 350

3. (b) If veteran, name war No 3. (c) Social Security No. 487-10-7304

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

6. (b) Name of husband or wife Elizabeth Hatton 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased July 18, 1904  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Loose-Wiles

12. Name Bert Hatton

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

14. Maiden name Wendie Crowley

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

16. (a) Informant's own signature Mrs Elizabeth Hatton

(b) Address 219 N Kensington

17. (a) Burial (b) Date thereof 4/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Quirk & Talbot Co

(b) Address A.C. Hoop

19. (a) April 2, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 219 North Kensington  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 31  
 year 1940 hour 10:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 23, 1940 to March 31, 1940  
 that I last saw him alive on March 31, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonic Mitral Stenosis  
Pneumonic Aortic Stenosis  
Cardiac decompensation  
 Duration 1 wk.

Due to \_\_\_\_\_  
 Due to 925  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Aortic Stenosis  
Mitral Stenosis  
 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?  
361  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Jesse J. Thayer  
 Address 1107 Bryant Bldg Date signed 4-1-40  
Kansas City, Mo

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**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 Perry*.....

Licensed Embalmer No. *4097*.....

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.**