DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15465

State File No. _____

Registration District No. 547 — Primary Registration District No. 3029 — Registrar's No. 124

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 723 Fulton Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in hospital (Specify whether)

In this community One Year (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Ralls~~ Marion

(c) City or town ~~Huntington~~ 723 Fulton Avenue (If outside city or town limits, write "RURAL")

(d) Street No. ~~Ralls~~ County Marion (If rural, give location)

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

3. (a) PRINT FULL NAME Ida Mae Hatten

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 —

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May (Month) 24 (Day) 1928 (Year)

8. AGE: Years	Months	Days	If less than one day
11	10	13	hr. min.

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

10. Usual occupation Student Stowell School

11. Industry or business —

FATHER
12. Name William Hatten
13. Birthplace La Belle (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ida Ludwick
15. Birthplace Fayette (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Ida Hatten

(b) Address Hannibal Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hylesburg Missouri

18. (a) Signature of funeral director Ralph Schwartz

(b) Address Hannibal Mo 4900

19. (a) 4-12-40 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1940 hour 10:10 minute a. M.

21. I hereby certify that I attended the deceased from November, 1939, to April 6, 1940; that I last saw her alive on April 6, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease	2½ yrs
Mitral regurgitation	2 yrs
Due to	
Due to	
Other conditions Bulbar Paralysis (Include pregnancy within 3 months of death)	1 day

Major findings:
Of operations No operation
Of autopsy No 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. O. Daniel (M. D. [redacted]er)

Address Hannibal Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 8-17-39 1 X19511

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 Roy P. Schwartz, Registered Apprentice No. ....., working under my personal supervision.

Signed Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address Hannibal, 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.