

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.

FILED MAY 15 1940

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

15887  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Ray Registration District No. 744  
 (b) ~~Township~~ Richmond Primary Registration District No. 3035 Registered No. 40  
 (c) City Richmond (d) Street No. Richmond Hospital 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 Vernon Foster Hatfield  
 (a) Residence, No. Ray County St.  Braymer Mo.  
 (Usual place of abode, if no street address, write county of city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Ann Hatfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>58</u>	<u>6</u>	<u>29</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) April 1940 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Mo

FATHER  
 13. NAME John Hatfield 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 8

MOTHER  
 15. MAIDEN NAME Julia Ann Soc  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cowgill Mo

17. INFORMANT Mrs. Harry Cole (ADDRESS) Braymer, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Braymer DATE 5/2/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. F. Mead, Braymer, Mo.

20. FILED May 1-40 Mabel Jackson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-40

22. I HEREBY CERTIFY, That I attended deceased from 4-16-40, 1940, to 4-29-40, 1940.  
 I last saw him alive on 4-29-40, 1940. Death is said to have occurred on the date stated above, at 6 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Hepatic insufficiency Date of onset Feb  
 Other contributory causes of importance:  
Cholelithiasis  
Chronic cholecystitis  
 Name of operation Cholecystectomy Date of 4-20-40  
 What test confirmed diagnosis? Papanicolaou Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury ..... 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify (Signed) H. G. Zepf M. D.  
 (Address) Richmond, Mo

RECEIVED  
District Health Officer No. 8<sup>a</sup>  
District File Number  
Date filed 5-14-40

**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 *Donald F. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Brayms, 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.**