

Registration District No. 5-81

Primary Registration District No. 4343

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days) 10 yrs.

3. (a) PRINT FULL NAME Benjamin Hatterley

3. (b) If veteran, name war _____

3. (c) Social Security No. 362

4. Sex Male

5. Color or race w

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Catharine Hatterley

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

7. Birth date of deceased January 17 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 2 hr. _____ min. _____

If less than one day _____

9. Birthplace Wakefield England
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Chas. H. Hatterley

(b) Address Monroe City, Mo.

17. (a) Buried (b) Date thereof June 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Prairie

18. (a) Signature of funeral director Clyde C. Wilbey

(b) Address Perry, Mo.

19. (a) 6-18-1940 (b) M. D. Dykhouse
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Monroe City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1940 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from JUNE 12 1940 to JUNE 19 1940
that I last saw him alive on JUNE 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 2 Days

Due to fecal Impaction Impactions 5 Days

Due to _____

Other conditions _____ (include pregnancy within 3 months of death) 127th

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?

5/3 (Specify type of place) While at work? (a) Means of injury

23. Signature John H. Hatterley (M. D. or other) _____
Address Monroe City, Mo. Date signed 6/19/40

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

RECEIVED

District Health Officer No. 10

District File Number 7-40-1329

Date Filed JUL 8 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 _____

Clyde C. Wilkey

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.