

Registration District No. **40**

Primary Registration District No. **4024**

Registrar's No. **48**

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 yrs
years, months or days

3. (a) PRINT FULL NAME Sarah Jane Hatfield

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

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

6. (b) Name of husband or wife Dallas Hatfield 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 3rd, 1849
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>9</u>	<u>7</u>	hr. _____ min.

9. Birthplace Bowling Green, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. D. Earp
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Dorcas Cox
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Hatfield
(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 10-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St James, near Milford

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) Oct-11-1940 (b) Mr Josephine Inghatt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar (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 Oct day 10th
year 1940 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from Feb 1935 to Oct 10 1940
that I last saw her alive on Oct 10 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 3 da
Due to infection & myo-
cardial weakness 30 yrs
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93C

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? NO

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James A. Atkins (M. D. or other) _____
Address Lamar, MO Date signed 10/11/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 6,

District File Number 1140-2887

Date Filed NOV 8 1927

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

A. C. F. Jones

Licensed Embalmer No.

3141

P. O. Address

Lemmer, Pa

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.