

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 224

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia
(c) Name of hospital or institution: Boone County Hospital
(d) Length of stay: In hospital or institution: 10 days
In this community: 10 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(d) Street No.: 905 Park
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: ROBERT NELSON HATTON

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

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

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: July 7, 1904

8. AGE: Years 36, Months 2, Days 21

9. Birthplace: Boone County, Mo

10. Usual occupation: Barber

11. Industry or business:

12. Name: William N. Hatton

13. Birthplace: Boone County, Mo

14. Maiden name: Allie Barwell

15. Birthplace: Boone County, Mo

16. (a) Informant: William N. Hatton (b) Address: 214 South Main, Mo

17. (a) Burial (b) Date thereof: 10-1-40

18. (a) Signature of funeral director: [Signature] (b) Address: Columbia, Mo

19. (a) 10/15/40 (b) Allie Selby

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Sept, day: 28, year: 1940, hour: 1, minute: 50 P. M.

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

Immediate cause of death: see Mrs. Selby
Due to: BURIAL

Due to: the origin & cause of fire unknown
Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: no

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: M.P. Tolson (M. P. Tolson)
Address: Date signed:

Duration
Underline the cause to which death should be charged statistically.

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

4-30-0

181
99

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

W. W. McFetersides

Licensed Embalmer No.....

3893

P. O. Address.....

Columbus

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34766
Registrar's No. 7

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 73

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(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)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Robert Nelson Hatton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 36 Months 2 Days 21 If less than one day _____ hr _____ min

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month Sept day 28 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Burns Origin + Cause of fire

Due to unknown Explosion

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no 35

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Don't know

(b) Date of occurrence Sept 20 1940

(c) Where did injury occur? Public place (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? no (Specify type of place) (e) Means of injury Burns

23. Signature M. R. Tolson (M. or Other) _____ Address _____ Date signed _____

SUPPLEMENTAL COPY

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Coroner's verdict -

Death from burns, origin
and cause unk.