

No. 2
11-10-38
-17-38
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 14 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38414**

Registration District No. **156**

Primary Registration District No. **4090**

Registrar's No. **55**

1. PLACE OF DEATH: *Cass*

(a) County *Cass*

(b) City or town *Harrisonville*
(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 (Specify whether)
0

In this community *2*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County *Cass*

(c) City or town *Harrisonville*
(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.

3. (a) PRINT FULL NAME *Battie Alice Hatten*

3. (b) If veteran, name war *no*

3. (c) Social Security No. *no*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *14*
year *1940* hour *4* minute *30 A.M.*

4. Sex *Female* 5. Color or race *white*

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

6. (b) Name of husband or wife *Dr. John Hatten*

6. (c) Age of husband or wife if alive *46* years

7. Birth date of deceased *Apr 6 1900*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Sept 1940* to *Nov 14 1940*,
that I last saw her alive on *Nov. 9, 1940*, and that death occurred on the date and hour stated above.

8. AGE: Years *40* Months *7* Days *8* If less than one day _____ hr. _____ min.

Immediate cause of death *Coronary Thrombosis*
a Coronary Thrombosis

9. Birthplace *Cass Co. MO.*
(City, town, or county) (State or foreign country)

10. Usual occupation *Homemaker*

Due to *Chronic Myocarditis with degeneration*
Religious
Other conditions *Thyrotosis*
(Include pregnancy within 3 months of death)

MOTHER { 11. Industry or business *no*

FATHER { 12. Name *Redmond J. Davis*

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

14. Maiden name *Victoria Davis*

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

Major findings: Of operations *66 P*

Of autopsy _____

16. (a) Informant *Dr. J. Hatten*

(b) Address *Harrisonville*

17. (a) *Buried* (b) Date thereof *Nov 16-1940*
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Place: burial or cremation *Willet Cemetery*

18. (a) Signature of funeral director *RUNNEIDBURGER'S*

(b) Address *HARRISONVILLE, MO.*

(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? *845*
(Specify type of place) While at work? _____ (of Means of injury) *3*

19. (a) *11/15/40* (b) *Pedersen*
(Date received local registrar) (Registrar's signature)

23. Signature *Geo. C. Wilder* (M. D. or other) *DO*

Address *104 W Pearl* Date signed *11/9/40*

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

980

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 Ernest Runnburger

Licensed Embalmer No. 3368

P.O. Address Harrisonville T.

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.