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13-40
17-39

REC 12 1940

Registration District No. 249

Primary Registration District No. 4149

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Coffey
 (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)
 In this community _____ years, months or days 10 years

3. (a) PRINT FULL NAME Jessie Myrtle Hatton

3. (b) If veteran, name war X 3. (c) Social Security No. X

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

6. (b) Name of husband or wife Ivan Leonard Hatton 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased NOV 21 1873
 (Month) (Day) (Year)

8. AGE: Years 66 Months II Days 23 If less than one day hr. _____ min. _____

9. Birthplace Harrison, Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph V. Scott

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

14. Maiden name Eliza McCollum

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

16. (a) Informant Ivan L. Hatton

(b) Address Coffey, Mo.

17. (a) Burial (b) Date thereof II 17 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey Mo.

18. (a) Signature of funeral director J. Somner
 (b) Address Pattonburg, Mo.

19. (a) Nov 19-1940 (b) Mrs. H. C. Cunningham
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Daviess
 (c) City or town Coffey
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month II day 14
 year 1940 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 1
 1940, to Nov 14 1940
 that I last saw h. _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Hyper-tension Cardiac vascular
renal disease
 Due to toxic adenoma of thyroid
gland.

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

Major findings:
 Of operations _____
 Of autopsy _____

Duration
 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?
22

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

23. Signature Dr. H. C. Bailey (M. D. or other) SOB
 Address Gallatin, Mo Date signed Nov 16

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 _____

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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, fact should be so stated above.