

Registration District No. 109

Primary Registration District No. 5752

1. PLACE OF DEATH

(a) County Callaway

(b) City or town Holt Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution R.R. 1 Summit
(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

3. (a) PRINT FULL NAME Annie Hattie

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Hattie 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased December 24 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Warren County Mo. (D)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Christian Petting

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Albert Hattie

(b) Address Holt Summit R.R. 1

17. (a) Burial (b) Date thereof Jan 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hattie Hill

18. (a) Signature of funeral director Gannan Service

(b) Address 700 Jefferson

19. (a) Jan 12 1941 (b) Emil Rusk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Holt Summit
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 1 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1941 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from 1-9-41 to 1-9-41 1941;
that I last saw her alive on 1-9-41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 1 wk

Due to Influenza 1 wk

Due to _____

Other conditions 77 W
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. B. ... (M. D. or other) DM 4
Address Jefferson City Mo. Date signed 1-11-40

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

14
0
0

P. Rusk
St. Mary's

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 *S. N. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City*

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.