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

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3681

State File No. _____

Registration District No. 1079

Primary Registration District No. 6274

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Ozark
Rural - Piney Creek - Rural
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days

3. (a) PRINT FULL NAME DALLAS LEON HATHCOCK

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 7 1938
(Month) (Day) (Year)

8. AGE: Years 2 Months 5 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Ozark Co. mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Shelby Hathcock
13. Birthplace Ozark Co. mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Decker
15. Birthplace Ozark Co. mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Shelby Hathcock

(b) Address 2 anon. mo.

17. (a) Burial (b) Date thereof 1/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Springs

18. (a) Signature of funeral director O. B. McClure

(b) Address Gainesville, mo.

19. (a) 1-3-41 (b) J. T. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Ozark 77
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd
year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 24
_____, 1940 to Jan 1, 1941;

that I last saw him alive on January 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic
illness 13 days

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

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 Jan 2

(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? _____

57 (Specify type of place) _____
While at work? _____ (e) Means of injury 2

23. Signature M. J. Hoerman (M.D. or other) DD

Address Gainesville, mo. Date signed Jan 3, 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 41-203,

Date Filed FEB 4 - 1941

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.....

P. O. Address.....

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.