No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6875

Registration District No. 288 Primary Registration District No. 5406 Registrar's No.

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

5
0
0

1. PLACE OF DEATH:
(a) County Dunklin Fred. Tr.
(b) City or town Kennett Rural 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.A.D. 2 — 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 33
(c) City or town Kennett Rural — 0
(If outside city or town limits, write "RURAL")
(d) Street No. R-2- 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME "Baby" Hatton
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb (Month) 21 (Day) 1941 (Year)
8. AGE: Years — Months — Days — If less than one day 12 hr. min.
9. Birthplace Kennett (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Woodrow Hatton
13. Birthplace Kennett, Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Pauline Millhouse
15. Birthplace Kennett, Mo (City, town, or county) (State or foreign country)
16. (a) Informant Woodrow Hatton
(b) Address Kennett, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation McCufla
18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo
19. (a) 2-22-41 (Date received local registrar) (b) Dr Wheeler Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1941 hour 3 minute a M.
21. I hereby certify that I ~~attended the deceased~~ held a view from 2-22-, 1941, 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 Congenital [redacted]
Due to Malformations Ab
Due to the Heart
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Earl Lanis Coronir (~~M. D. or other~~)
Address Smith Mo Date signed 2-22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 341-367
Date Filed 3/12/44

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 wit the above constitutes grounds for revocation of license.).

If this body is not embalmed, fact should be so stated above.