No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7813

Registration District No. 664 Primary Registration District No. 5882 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural, Green Ridge Twsp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. F. D. 2, Windsor / 0 (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 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93

(c) City or town Flemington 0 (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.

3. (a) PRINT FULL NAME Mrs. Josephine M. Hatfield

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Geo. R. Hatfield

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased May (Month) 30 (Day) 1864 (Year)

8. AGE: Years 76 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Wells County (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation Home maker

11. Industry or business

FATHER
12. Name Benjamin Miller
13. Birthplace unknown (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name Sarah Ann Vickers
15. Birthplace unknown (City, town, or county) / Ohio (State or foreign country)

16. (a) Informant Mr. Geo. R. Hatfield

(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) Feby 18th 1941 (Date received local registrar) (b) G. R. Shelby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1941 hour 2:30 p.m. minute M.

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

	Duration
Immediate cause of death Uns — Cancer of Intestines (Colon)	1/0 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46

Major findings: Of operations None

Of autopsy None

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)

(e) While at work? (e) Means of injury

23. Signature T. A. Blackmore (M. D. or other) MD

Address Windsor, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3-4-44
Date Filed

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 Edwell M. Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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