FILED MAY 14 1949

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15261

Registration District No. 597 Primary Registration District No. 5742 4354 Registrar's No.

1. PLACE OF DEATH:
(a) County: Morgan
(b) City or town: Barnett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Morgan 71
(c) City or town: Barnett 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.? — 0 years.

3. (a) PRINT FULL NAME: Lucy E. Hatler
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, ~~married~~, ~~divorced~~: Widowed
6. (b) Name of husband or ~~wife~~: Dr W L Hiller
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: August (Month) 4 (Day) 1859 (Year)

8. AGE: Years 81 | Months 8 | Days 19 | If less than one day: hr. — min.

9. Birthplace: Eldon (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER
12. Name: J. B. Taylor
13. Birthplace: Unknown (City, town, or county) — 9 (State or foreign country)
MOTHER
14. Maiden name: Deborah Hite
15. Birthplace: Miller Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant: Curtis Hatler
(b) Address: Barnett, Mo.
17. (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof: Apr. 15 '41 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Big Rock Cem.
18. (a) Signature of funeral director: Keith M Sayers
(b) Address: Eldon, Mo.
19. (a) 5-10-41 (Date received local registrar) (b) H. C. Callison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1941 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from 4/15, 1941, to 4/23, 1941; that I last saw h~~er~~ alive on 4/23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage Hemiplegia	8 days
Due to:	
Due to: Arterio-Sclerosis	2
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: G. D. Walker (M. D. or other) D
Address: Eldon Mo Date signed 4/24/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-41-847
Date Filed 5-12-41

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 Walter P. Hedges, Registered Apprentice No. 263 working under my personal supervision.

Signed Keith M. Kayd

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

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

If this body is not embalmed, above space should be left blank.