

Registration District No. 645

Primary Registration District No. 5854

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Gainesville, Bridges Twp.
(c) Name of hospital or institution: 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)

3. (a) PRINT FULL NAME Jerry Leonard Hathcock

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

4. Sex M 5. Color or race W 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 August 20, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 14 hr. min.

9. Birthplace Ozark County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Arvis L. Hathcock
13. Birthplace Ozark County, Missouri
14. Maiden name Daphna Luna
15. Birthplace Ozark County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Arvis Hathcock
(b) Address Gainesville, Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof April 4, 1941
(Month) (Day) (Year)

(c) Place Clerk Springs
(City, town, or county) (State or foreign country)

18. (a) Signature of funeral director Clinkingbeard Fun. Home
(b) Address Gainesville, Missouri

19. (a) 4-7-41 (b) J.T. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Gainesville
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi. Northeast Gainesville
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1941 hour 6 minute 30P M.

21. I hereby certify that I attended the deceased from April 1
first 19 41 to April 3rd 19 41;
that I last saw him alive on April 3rd 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Stomach
Due to Broncho-Pneumonia

Due to _____
Other conditions (Include pregnancy within 3 months of death) 107

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? 578

(Specify type of place) _____
While at work _____ (e) Means of injury 9

23. Signature M. J. Hoerman D. or other MD
Address Gainesville Date signed 4/5/41

RECEIVED
District Health Office
541-700
MAY 5 1961

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 W.B. Hutchison
Licensed Embalmer No. 3431
P. O. Address Jamesville, Mo.

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, above space should be left blank.