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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21760

FILED JUL 17 1949
334

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all her life
years, months or days

3. (a) PRINT FULL NAME Mary J. Hiatt

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

4. Sex F-1 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edmundial Hiatt 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 12 1 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 28 hr. min.

9. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Wm. Bolax

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Eveline Payne

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Hiatt

(b) Address Bethany Mo.

17. (a) Burial (b) Date thereof 5-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cyprus Cemetery

18. (a) Signature of funeral director J. M. Hays

(b) Address Bethany Mo.

19. (a) 6/14/41 (b) A. R. Wessling by J. M. Bureau
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Bethany
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1941 hour _____ minute a.m.

21. I hereby certify that I attended the deceased from May 29, 1941, to May 29, 1941;
that I last saw her alive on May 29 and that death occurred on the date and hour stated above.

Immediate cause of death Emboli of the coronary artery

Secondary cause: diabetes mellitus

Due to _____

Other conditions (include pregnancy within 3 months of death) 61

PHYSICIAN

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? _____

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

23. Signature Joseph L. Howard (M.D. or other) D.O.
Address Bethany Mo. Date signed _____

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

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.....

Melvin B Haas

Licensed Embalmer No..... *3899*

P. O. Address..... *Bethany 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, fact should be so stated above.