

FILED AUG 25 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 198

1. PLACE OF DEATH:

Boone  
(a) County Boone  
(b) City or town Columbia,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1215 East Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 38 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Boone 010  
(a) State Missouri (b) County Boone  
(c) City or town Columbia, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1215 Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th.  
year 1941 hour 6.45 minute A. M.  
21. I hereby certify that I attended the deceased from 7-20-  
1941 to 7-28- 1941  
that I last saw him alive on 7-27- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration 76 hrs

Due to 106  
Due to Cerebral Hemorrhage 3 days  
Other conditions (Include pregnancy within 3 months of death)

Major findings: None  
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) No  
(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?

While at work? (Specify type of place) (e) Means of injury 0 m.s.  
23. Signature W. P. Dwyer (M. D. or other)  
Address Columbia Mo Date signed 7-29-41

3. (a) PRINT FULL NAME Thomas Jackson Hatton

3. (b) If veteran, name war No 3. (c) Social Security No. 448-14-9428

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Hatton 6. (c) Age of husband or wife if alive 63 Yrs years

7. Birth date of deceased Dec. 15, 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 13 If less than one day hr. min.

9. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Paperhanger

11. Industry or business \_\_\_\_\_

12. Name Thos. J. Hatton

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

14. Maiden name Mary A. Couch  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Maxine Hatton

(b) Address 1215 Broadway Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Cemetery

18. (a) Signature of funeral director L. J. Meister

(b) Address Boonville, Missouri

19. (a) 7/29/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

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

10  
2  
4

**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: *B. L. Filand*

Licensed Embalmer No. *1399*

P. O. Address *Highway No.*

**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.**