

Registration District No. 204

Primary Registration District No. 5782

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

1. PLACE OF DEATH:

(a) County Clinton Co.  
(b) City or town Rural Shore Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Larry Dean Hatcher  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 15 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clinton Co. MO. D.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

MOTHER FATHER { 12. Name Carl Hatcher  
13. Birthplace Turner MO. D.  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Stapleton  
15. Birthplace Gallatin MO. D.  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Hatcher  
(b) Address Cameron MO.

17. (a) Weatherly MO. (b) Date thereof 10-19-41  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Weatherly MO.

18. (a) Signature of funeral director Palmer Federal Home  
(b) Address Cameron

19. (a) Oct 18 1941 (b) W. G. Risley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clinton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural 1/2 mile west of Wallace state park  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18  
year 1941 hour 3:45 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Oct 15 1941  
to Oct 18 1941  
that I last saw him alive on Oct 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Interus monotonus (Jaundice) Duration 1 day

Due to Premature birth. Nephritis of mother.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 159  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2  
23. Signature W. G. Risley (M. D. or other) MO  
Address Cameron, Mo. Date signed 10/18/41

**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~~ <sup>not</sup> or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Sherard I Wade*

Licensed Embalmer No. *4172*

P. O. Address. *Cameras 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.**