

FILED NOV 10 1941
2947

Registration District No. **2947**

Primary Registration District No. **5379**

Registrar's No. **106**

1. PLACE OF DEATH:

(a) County **Douglas**
(b) City or town **Ava Benton**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas**
(c) City or town **Ava**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rolla V. Hatfield**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Claire Hatfield** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **6 20 1880**
(Month) (Day) (Year)

8. AGE: Years **61** Months **3** Days **29** If less than one day hr. min.

9. Birthplace **Arno, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance Agent**

11. Industry or business _____

12. Name **Smith Hatfield**

13. Birthplace **Arno, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah J. Turner**

15. Birthplace **Arno, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clairre Hatfield**
(b) Address **Ava, Missouri**

17. (a) **Burial** (b) Date thereof **10-22-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arno**

18. (a) Signature of funeral director **Clinkingbeard Funeral Home**
(b) Address **Ava, Missouri**

19. (a) **10-29 1941** (b) **Reba K. White**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **18**
year **1941** hour **2** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **only called on 10-18** 19 **41**
that I last saw him alive on **10-18** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Embolism**
Due to **Chronic Myocarditis**
Due to _____

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

Major findings: **93d**
Of operations _____
Of autopsy _____

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) _____
(e) Means of injury **MD**
23. Signature **M. C. Denton** (M. D. or other) **MD**
Address **Ava Mo** Date signed **10-21-41**

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

RECEIVED

District Health Officer No. 6,

District File Number 1141-1646

Date Filed NOV 3 1941

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.....

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.