

NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35887

Registration District No. 738

Primary Registration District No. 5967

Registrar's No.

1. PLACE OF DEATH: *Rural in community*

(a) County *Salt Spring Township*

(b) City or town *Rural in community*

(c) Name of hospital or institution: *Home in community*

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

In this community *4 weeks in community* years, months or days

2. USUAL RESIDENCE OF DECEASED: *88*

(a) State *Missouri* (b) County *Randolph*

(c) City or town *Rural* (If outside city or town limits, write "RURAL") *0*

(d) Street No. _____ (If rural, give location) *0*

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

3. (a) PRINT FULL NAME *ELIZA JANE HATLEY*

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

4. Sex *Female* 5. Color or race *white* 6. (a) Single, widowed, married, divorced *widowed*

6. (b) Name of husband or wife *Nicholas Everett Hatley* 6. (c) Age of husband or wife if alive *dead* years

7. Birth date of deceased *January 27 1861* (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>80</i>	<i>8</i>	<i>29</i>	hr. _____ min. _____

9. Birthplace *Chariton County, Mo.* (City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

11. Industry or business *Samuel A. Wright*

12. Name *Samuel A. Wright*

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

14. Maiden name *Sabrina Carolina Faucher*

15. Birthplace *Chariton County, Mo.* (City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Lucille Utley*

(b) Address *Los Angeles, California*

17. (a) *Burial* (b) Date thereof *Oct. 28 '41* (Month) (Day) (Year)

(c) Place: burial or cremation *Huntsville*

18. (a) Signature of funeral director *Tom B. Patton* (b) Address *Huntsville, Mo.*

19. (a) *Nov-3-1941* (b) *Wm. D. K. Bomhart* (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct.* day *26* year *1941* hour *4:30* minute *2* A. M.

21. I hereby certify that I attended the deceased from *Oct 1* 19*41* to *Oct 26* 19*41*; that I last saw her alive on *Oct 26* 19*41*; and that death occurred on the date and hour stated above.

Immediate cause of death *CA of Liver*

Due to _____

Due to *H68*

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations *none*

Of autopsy *none*

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 *0*

23. Signature *P. V. Drayer* (M. D. or other) *M.D.* Address *Huntsville Mo* Date signed *10/27/41*

88000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer NA: 1A

~~Death File No.~~ 11-41-1985

~~Don File~~ NOV 6 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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.