

DEC 18 1941  
Registration District No. 497

Primary Registration District No. 2300

58  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Missouri  
 (b) City or town Browning, Mo.  
 (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 \_\_\_\_\_  
 In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
 (c) City or town Browning  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edwin R. Hatch  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16  
 year 1941 hour 3 minute 15 A M.

4. Sex male 5. Color or race ov.  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Sarah E. Hatch  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Oct 8 1878  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 1 1941 to Nov 7 1941  
 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

8. AGE: Years 93 Months 1 Days 8  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis Coronary atherosclerosis  
 Duration 3 yrs

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

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 4 months of death) 93rd

10. Usual occupation Farmer  
 11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name John A. Hatch  
 13. Birthplace Dartmouth, N.H.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ms. Blakely  
 15. Birthplace 4 Scotland  
 (City, town, or county) (State or foreign country)

Major findings: Sarsted  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Lois M. Sgater  
 (b) Address Browning, Mo.  
 17. (a) Interred (b) Date thereof Nov. 18, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Interred  
 18. (a) Signature of funeral director E. A. V. Pappas  
 (b) Address Blairville, Mo.  
 19. (a) Nov. 18, 1941 (b) Mrs. L. L. Williams  
 (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
 23. Signature J. R. McAuler (M. D. or other) \_\_\_\_\_  
 Address Browning, Mo. Date signed 11/16/41

**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, or by.....  
*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*E. E. Hopper*.....

Licensed Embalmer No.....

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.**