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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42069

State File No. \_\_\_\_\_

Registration District No. 998

Primary Registration District No. 3019

Registrar's No. 340

18  
44  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: JACKSON

(a) County JACKSON

(b) City or town INDEPENDENCE, MO.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
INDEPENDENCE SANITARIUM  
(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 MO. (b) County JACKSON #8

(c) City or town INDEPENDENCE, MO. #4  
(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 HARRY W. HATTEY

3. (b) If veteran, name war NO. 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1941 hour 9:32 minute 0 M. Dec 22

21. I hereby certify that I attended the deceased from Dec 21 1941 to Dec 22 1941; that I last saw him alive on Dec 22 1941 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALICE VIVATE HATTEY 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased APRIL 17 1867  
(Month) (Day) (Year)

Immediate cause of death: Cotnam Occlusion Duration 2 wks

Due to Cotnam Occlusion 2 wks

Due to \_\_\_\_\_

Other conditions 106  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>74</u>	<u>8</u>	<u>5</u>
	<u>9 hr. 32 min.</u>			

9. Birthplace SURREY ENGLAND  
(City, town, or county) (State or foreign country)

10. Usual occupation CONTRACTOR - RETIRED

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

MOTHER FATHER { 12. Name THOMAS HATTEY

13. Birthplace SURREY - ENGLAND  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH (UNKNOWN)

15. Birthplace SURREY - ENGLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant HAROLD HATTEY

(b) Address 1527 EAST HAYWARD

17. (a) BURIAL (b) Date thereof 12-24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUND GROVE, IND. MO.

18. (a) Signature of funeral director Violet Garson

(b) Address Independence, Mo.

19. (a) Dec 24 '41 (b) J. L. Cook  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature C. H. Allen (M. D. or other) MD.

Address Independence, Mo. Date signed 12-23-41

**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.....

....., Registered Apprentice No. 2744  
working under my personal supervision.

Signed J. Smalton

Licensed Embalmer No. 2744

P. O. Address R. C. 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.**