

Rev. 5-17-39
1 X1951

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42788

Registration District No. 219

Primary Registration District No. 5-950

Registrar's No. 26

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town RURAL - ELM TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STAHLMO, RFD 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓
(Specify whether years, months or days) most of life

3. (a) PRINT FULL NAME THOMAS ALBERT HATFIELD

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M-0

5. Color or race W-

6. (a) Single, widowed, married, divorced W-2

6. (b) Name of husband or wife MARRIAGE HATFIELD

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased NOV-4-1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>1</u>	<u>7</u>	hr. min.

9. Birthplace PUTNAM CO, MO. 10
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business ✓

MOTHER FATHER

12. Name E. N. HATFIELD

13. Birthplace PUTNAM CO, MO. 11
(City, town, or county) (State or foreign country)

14. Maiden name EMMA E. BOYD

15. Birthplace MO. 11
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oliver Hatfield

(b) Address Stahl, Mo.

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

(c) Place: burial or cremation BRASFIELD

18. (a) Signature of funeral director W. H. Husted

(b) Address Unionville, Mo.

19. (a) Dec 19 (b) Marion Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County PUTNAM

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

(d) Street No. Stahl, Mo. RFD 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER 11th
year 1941 hour 12 minutes 5 A.M.

21. I hereby certify that I attended the deceased from Dec 11, 1941, to Dec 11, 1941, that I last saw him alive on Dec 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Heart block

Due to _____

Due to _____

Other conditions lost a great amount of blood from major bleedings
(Include pregnancy within 3 months of death)

Physician ✓

Underline the cause to which death should be charged statistically

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 Dec 11 1941

(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 R R Eub (M. D. or other) ✓

Address Kentville, Mo. Date signed 12-13-41

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.....
working under my personal supervision.

Signed.....

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, above space should be left blank.

Registration District No. 719

Primary Registration District No. 5950

Registrar's No.

1. PLACE OF DEATH: Putnam Rural

(a) County.....

(b) City or town.....
(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..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(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: Thomas A. Hatfield

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 19 year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I saw him/she live on..... 19.....; and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: nov (Month) 4 (Day) 1862 (Year)

Immediate cause of death: Heart Block

Duration.....

8. AGE: Years 64 Months..... Days..... If less than one day..... min.

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

Due to.....

Due to.....

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant..... (b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b).....
(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)..... fell on a log, cutting leg very badly, on Nov. 28-11

(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?
had lost much blood when help arrived
(Specify type of place) (e) Means of injury.....

While at work?.....

23. Signature: R R Ellis (M. D. or other).....
Address: Kirksville, Mo Date signed: 2-13-42

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

SUPPLEMENTARY

MOTHER FATHER

S-42788