S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1886

State File No.

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County: Cape

(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Scott

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

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

(e) Citizen of foreign country? (Yes or No): 1

If yes, name country

3. (a) PRINT FULL NAME: Helaria Ann Hatley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife

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

7. Birth date of deceased: Dec 1 1941 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 21 If less than one day hr. min.

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

10. Usual occupation: None

11. Industry or business

FATHER 12. Name: L. E. Hatley

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

MOTHER 14. Maiden name: Birtha Eldridge

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

16. (a) Informant: Father

(b) Address: Morley Mo

17. (a) Removed (Burial, cremation, or removal) (b) Date thereof: 12.22.41 (Month) (Day) (Year)

(c) Place: burial or cremation: Morley Mo

18. (a) Signature of funeral director: Clydet Poe

(b) Address: Oran Mo

19. (a) 12/23-41 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1941 hour 3 minute a M.

21. I hereby certify that I attended the deceased from 12-1-41, 19, to 12-22, 19 41, that I last saw h alive on Dec 21, 19 41, and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Birth 6½ Months — Duration 21 Days

Due to: Premature Birth

Due to: Prematurity

Other conditions (Include pregnancy within 3 months of death): Marasmus

Major findings: Of operations: 159

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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)

While at work? (e) Means of injury

23. Signature: W. O. Fleming (M. D. or other) 0

Address: Chaffee Mo Date signed 12/22/41

1014 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 142-12
Date Filed 1-15-42

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, fact should be so stated above.