

STANDARD CERTIFICATE OF DEATH

2619

BUREAU OF THE CENSUS

FILED FEB 16 1942

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

Registration District No. 427

Primary Registration District No. 5383

Registrar's No. 4

1. PLACE OF DEATH: Johnson  
 (a) County: Rural Kingsville Twp  
 (b) City or town: (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: not hospitalized /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: XXXX (Specify whether)  
 In this community: 55 years (years, months or days)

3. (a) PRINT FULL NAME: Margaret Elizabeth Hiatt

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

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

6. (b) Name of husband or wife: Samuel Benton Hiatt 6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: July 31, 1884 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 77    | 5      | 26   | hr. min.             |

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

10. Usual occupation: not employed

11. Industry or business: XXX

12. Name: Samuel Donnell

13. Birthplace: unknown / Pennsylvania (City, town, or county) (State or foreign country)

14. Maiden name: Catherine Tebee

15. Birthplace: Unknown / Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J. T. Kelly

(b) Address: Holden, Missouri

17. (a) Burial (b) Date thereof: 1/29/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Holden, Missouri

18. (a) Signature of funeral director: Canaday & Ropp

(b) Address: Holden, Missouri

19. (a) Feb 1 (Date received local registrar) (b) Mrs Frank Morris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Johnson 51  
 (c) City or town: Kingsville, Missouri A  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: none (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.: \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 27 year: 1942 hour: 4 minute: A M.

21. I hereby certify that I attended the deceased from May 25, 1940, to JAN 27, 1942; that I last saw h. ER. alive on Nov. 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: Arteriosclerosis

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

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death) 93d

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) (e) Means of injury: \_\_\_\_\_

23. Signature: W. Beckman (M. D. or other)

Address: Strasburg Mo Date signed: 1/29/42

Duration

about 2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

51  
6  
0

RECEIVED

District Health Officer No. 8,

District File Number 242-52

Date Filed 2-13-42

---

---

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 M. J. Canaday.....

Licensed Embalmer No. 3434

P. O. Address Holden, 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.**