

Registration District No. 45 E

Primary Registration District No. 5873

Registrar's No.

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

1. PLACE OF DEATH: *Pemucot*
 (a) County *Pemucot*
 (b) City or town *Cooter*
 (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 *7 years*
 In this community *7 years*
 years, months or days

3. (a) PRINT FULL NAME *Wilce Hatton*
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex *M* 2. Color or race *Col.*
 5. Color or race *Col.*
 6. (a) Single, widowed, married, divorced *Married*
 6. (b) Name of husband or wife *Hatton*
 6. (c) Age of husband or wife if alive *27* years
 7. Birth date of deceased *Sept. 12 1900*
 (Month) (Day) (Year)

8. AGE: Years *41* Months *8* Days *27*
 If less than one day hr. min.

9. Birthplace *Aberdeen* *Miss*
 (City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business *Farming*

12. Name *Hude Hatton*
 13. Birthplace *Miss.*
 (City, town, or county) (State or foreign country)

14. Maiden name *Frances Murray*
 15. Birthplace *Aberdeen* *Miss*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Earnest Randle*
 (b) Address *Hays, Mo.*
 17. (a) *Burial* (b) Date thereof *2-15-42*
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director *Germa Ford Co.*
 (b) Address *2-2-42*
 19. (a) *2-2-42* (b) *C. C. Lumborough*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo.* (b) County *Pemucot*
 (c) City or town *Cooter* *Mo.* *7800*
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? *0* years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *Feb.* day *25*
 year *1942* hour *1:00* minute *4* M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death *Heart failure*
in heart reflected by George Ward
 Due to *(Colon) of cooter, being argued in*
 Due to *dice game*

Other conditions (Include pregnancy within 3 months of death)

Major findings: *167*
 Of operations
 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) *Homicide*
 (b) Date of occurrence *Feb. 15 - 1942*
 (c) Where did injury occur? *Cooter* *Miss* *Mo.*
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
W. B. Carroll - Home
 (Specify type of place) (e) Means of injury *Knife*
 While at work?
 23. Signature *July 4, Moore* (M.D. or other)
 Address *Hays, Mo.* Date signed *2/15/42*

3-42-4

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 *William C. Shelton*

Licensed Embalmer No. *3929*

P. O. Address *Steele, 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.