

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 11 1942  
875

Registration District No. ....

Primary Registration District No. 3039

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
928 S. Adams  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 928 S. Adams  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Aubrey Goldsmith Hatfield

(b) If veteran, name war no (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day \_\_\_\_\_  
year 1942 hour 6:15 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from  
on Mon 1, 1942, \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive 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 Married  
(b) Name of husband or wife: Lillian Hatfield 6. (c) Age of husband or wife if alive: 56 years  
7. Birth date of deceased: Feb 28, 1885  
(Month) (Day) (Year)

Immediate cause of death: Death when I arrived from story, probably had Coronary Thrombosis  
Duration 2 hrs.

8. AGE: Years 57 Months 2 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 946

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

10. Usual occupation: Gardner

11. Industry or business: Gardening

12. Name: John Tilford Hatfield

13. Birthplace: unknown (Give town, or county) (State or foreign country)

14. Maiden name: Mary Scott

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

16. (a) Informant: Lillian Hatfield

(b) Address: Nevada, Mo

17. (a) Burial (b) Date thereof: 5/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wentons Cemetery

18. (a) Signature of funeral director: Ferry Funeral Home

(b) Address: Nevada, Mo

19. (a) 5-5-42 (b) Elizabeth Breckenridge  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(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: J. W. Chase (M. D. or other) MD  
Address: Nevada, Mo Date signed: 5/1/42

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

MOTHER FATHER

Missouri Health Department

RECEIVED

District Health Officer No. 7,

District File Number 6-42-602

Date Filed 6-9-42

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 Lloyd B. Winscott

Licensed Embalmer No. 3857

P. O. Address Wooda, 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.