

FILED, JUN 13 1942

Registration District No. 360

Primary Registration District No. 5505

Registrar's No. 1

43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Hermitage, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Center Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 7 yrs
years, months or days

3. (a) PRINT FULL NAME John Wesley Hathaway

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

4. Sex mo 5. Color of hair wh 6. (a) Single, widowed, married, divorced 2 widowed

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

7. Birth date of deceased May 13 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months - Days 25 If less than one day _____ h _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joe Hathaway

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

14. Maiden name Winkler

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

16. (a) Informant Mrs Rose Olson

(b) Address Hermitage, Mo.

17. (a) Burial (b) Date thereof 6/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermitage Cem

18. (a) Signature of funeral director J R Huekey

(b) Address Wheatland, Mo.

19. (a) June 22-42 (b) May F Carlstrom
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory

(c) City or town Hermitage, Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1942 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from June 5
1942 to June 5, 1942
that I last saw him alive on June 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
Circulatory collapse

Due to Cerebral apoplexy

Due to _____

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

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)
(c) Means of injury _____

23. Signature C. D. Bailey (M. D. or other) _____
Address Hermitage, Mo. Date signed June 16

Duration

24 hours

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 7-42-729

Date Filed 7-9-42

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

J. R. Luckey

Licensed Embalmer No.

2987

P. O. Address

Wheatland 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.