

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34273

FILED OCT 22 1942

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 227

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Nashville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. South of Hunnewell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Tilden Hatton

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie M. Hatton 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 15 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

MOTHER FATHER { 12. Name William Hatton
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Stella Reddick
15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie M. Hatton
(b) Address R. #2, Hunnewell, Mo.

17. (a) Burial (b) Date thereof Sept 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director Ray P. Schwarz
(b) Address 1070 Eddy, Nashville, Mo.

19. (a) 9-16-42 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1942 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from 1940
19 _____ to Sept 7 19 42
that I last saw him alive on Sept 7
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. lymphatic leukemia Duration _____

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 74a

Major findings: 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) _____
(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 [Signature] (M. D. or other) _____
Address [Address] Date signed _____

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

64
34

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.....

Roy P. Schwartz

Licensed Embalmer No.

9765

P. O. Address.....

1000 Edwyn Hamill

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.