

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 4 1942

Registration District No. 52

Primary Registration District No. 5203

Registrar's No. 190

17  
0  
0

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

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Miami Station Ind  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Carroll  
(c) City or town Miami Station  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME MYRTLE MARY HATTABAUGH

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Albert Hattabaugh 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased July-9-1882  
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 11 If less than one day hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Woodron Williams

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

14. Maiden name Kate Weare

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

16. (a) Informant Albert Hattabaugh

(b) Address Miami Station MO

17. (a) Burial (b) Date thereof 11-29-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami MO

18. (a) Signature of funeral director Harry Herzberger

(b) Address Marshall MO

19. (a) 11-22-1942 (b) Heater Fisher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20  
year 1942 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from Oct-23 1942 to Nov-17 1942  
that I last saw her alive on Nov-17 and that death occurred on the date and hour stated above.

Immediate cause of death Violent hemorrhage

Due to hemorrhage of the placenta of 3 months in the 6th trimester, deficient in routine of medicine

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

Major findings: Of operations X 6/

Of autopsy X

Duration Probable  
Severe  
fever

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? .....

(Specify type of place) While at work? (e) Means of injury

23. Signature Frank Williams (M. D. or other) .....  
Address Miami MO Date signed 11-21-42

RECEIVED

District Health Officer No. 8,

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.....

*Harry Hersherberges*

Registered Apprentice No. *334*

working under my personal supervision.

Signed.....

*Fred Welkerson*

Licensed Embalmer No. *2478*

P. O. Address.....

*Clinton 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.