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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1 0 1942
275

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37787
State File No.

Registration District No. 3053 Primary Registration District No.

Registrar's No. 119

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo. Farland Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 56 Rolla Gardens
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Hatchett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 29 1942 (Month) (Day) (Year)
8. AGE: Years – Months – Days – If less than one day 4 hr. 30 min.
9. Birthplace Rolla (City, town, or county) Mo (State or foreign country)
10. Usual occupation Married
11. Industry or business
FATHER 12. Name James Hatchett
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Edith L. Albright
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant James Hatchett
(b) Address Rolla, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Mo.
18. (a) Signature of funeral director Russell Olson
(b) Address Rolla Mo
19. (a) 10/30/42 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from Oct. 29 1942 to Oct. 29 1942 and that I last saw he alive on Oct 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth. 6½ months. — Duration
Due to 3 months.
Due to
Other conditions (Include pregnancy within 3 months of death) 19
Major findings: Of operations 19
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Clarence Clark (M. D. or other) M.D.
Address Rolla, Mo Date signed 10/30/42

1042 (Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed S. C. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla 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.