

FILED DEC 4 1942

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller Pulaski

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

(c) Name of hospital or institution: De Witt Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 6 days, 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Waynesville
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie Hathway

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife J. Harry Hathway 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 23 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>3</u>	<u>19</u>	_____ hr. _____ min.

9. Birthplace Providence Rhode Island
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business James E. Kimball

12. Name James E. Kimball

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

14. Maiden name McKenzie

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

16. (a) Informant Harry Hathway

(b) Address Waynesville Mo.

17. (a) Buried (b) Date thereof Nov 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meria Cemetery

18. (a) Signature of funeral director Walter P. Adges

(b) Address Meria, Mo

19. (a) Nov 13 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day November
year 1942 hour 9 minute 27 a.m.

21. I hereby certify that I attended the deceased from Nov 5
1942 to Nov 11 1942
that I last saw her alive on Nov 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder

Due to _____

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) (e) Means of injury _____

23. Signature R O Dewitt (M. D. or other) 2 50

Address Waynesville Mo Date signed 11-11-42

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

85
00

85
00

MOTHER FATHER

1170

(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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

DEC 21 1942