

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41218

State File No. _____

FILED JAN - 6, 1942
Registration District No. 179

Primary Registration District No. 3040

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
202 Myers Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7.5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 202 Myers Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Rubin Hatfield

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th
year 1942 hour 8:00 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emmer Hatfield 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. (Month) 1st (Day) 1854 (Year)

21. I hereby certify that I attended the deceased from Dec. 25, 1942 to Dec. 29, 1942
that I last saw h. im alive on December 29, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Acute Nephritis Duration _____

Due to Enlarged prostate.

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

10. Usual occupation Labor

Due to _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Stanley Hatfield

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

14. Maiden name Martha Baker

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

Major findings:
Of operations XX

Of autopsy No

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Glinnie Hatfield
(b) Address Chillicothe, Missouri.

17. (a) Burial (b) Date thereof 12-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.

19. (a) JAN 2-1942 (b) Lois E. H. Cozart
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) XX

(b) Date of occurrence XX

(c) Where did injury occur? XX (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXX

While at work? XX (Specify type of place) (e) Manner of injury _____

23. Signature Reuben Barney (M. D. 1930)
Address Chillicothe, Missouri Date signed 12-31-1942

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

59
2

59

2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

..... E. R. Norman, Registered Apprentice No.
working under my personal supervision.

Signed E. R. Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.**