

FILED FEB 10 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:
3810 East 11th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. Paul Moore Hatfield**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-10-1891**

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

6. (b) Name of husband or wife **Mrs. Irene Hatfield** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **March 31 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	9	24	25 hr. min.

9. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Transportation Department**

11. Industry or business **K. C. Power & Light Co.**

MOTHER FATHER { 12. Name **John W. Hatfield**

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

14. Maiden name **Teresa Eckleberry**

15. Birthplace **Zanesville Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Irene F. Hatfield**

(b) Address **3810 E 11 St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 27, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Odessa, Missouri**

18. (a) Signature of funeral director **D. N. Newcomin, Son**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **1-26-43** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **3810 East 11th Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **25th** year **1943** hour **4** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **10:45 P.M. Jan. 24**, 1943, to **19**; that I last saw him **alive on**, 19; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Coronary Disease**

Due to **gta**

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 **H. G. Jemison** (M. D. or other) **D. O.**

Address **5400 Independence Ave** Date signed **1-25-43**

Duration **few hours**

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

5400 Dependence Ave
1-7

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.....
C. Hervey Quisenberry

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.