

Registration District No. 1002

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:
1407 Belleview Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 Years (Specify whether years, months or days)

In this community 37 Years

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. 1407 Belleview Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Roy Stanley Hatton

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-6241

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Alma Hatton

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 13 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>13</u>	<u>hr.</u> <u>---</u> min.

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

10. Usual occupation Sheet Metal Worker-Retired

11. Industry or business Local Union # 2

12. Name Lee T. Hatton

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

14. Maiden name Henrietta LeMaster

15. Birthplace Wheeling W. Va. West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Hatton

(b) Address 1407 Belleview

17. (a) Cremation (Burial, cremation, or removal)

(b) Date thereof 4-25-43
(Month) (Day) (Year)

(c) Place: burial/cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-28-43 (Date received local registrar)

(b) M. M. Grome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th

year 1943 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1943 to April 26, 1943

that I last saw him alive on April 26, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 83d

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 [Signature] (M. D. or other)

Address 446 Broadway

Date signed 4-27-43

Duration
4 OR
5 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

341

2095 Burkhway
2-6

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.