

FILED MAY 13 1949

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
707 Limestone Street
(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 27 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 707 Limestone
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME SARAH FRANCES HATFIELD

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Fleener Hatfield 6. (c) Age of husband or wife if alive. 54 years

7. Birth date of deceased October 16, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 19 hr. min.

9. Birthplace Mt. Vernon, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Wilson Searcy

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

14. Maiden name Nancy Jane Payne

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

16. (a) Informant Mr. Fleener Hatfield

(b) Address 707 Limestone St. Carthage,

17. (a) Burial (b) Date thereof 4-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) April 6, 1943 (b) L. Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4,
 year 1943 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from March 28
1943 to April 4 1943
 that I last saw her alive on April 3 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright's disease
 Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1318

Major findings: Of operations

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?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature L. E. Baker (M. D.)
 Address Carthage, Mo. Date signed 4/7/43

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

MOTHER FATHER

