

FILED SEP 14 1943

Registration District No. **77**

Primary Registration District No. **3016**

1. PLACE OF DEATH

(a) County **Cole**
(b) City or town **Jefferson City, Mo.**
(c) Name of hospital or institution: **1703 W. W. Curry Street**
(d) Length of stay: In hospital or institution **Life**
In this community **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**
(c) City or town **Jefferson City**
(d) Street No. **1703 West McCarty**
(e) Citizen of foreign country? **##**

3. (a) PRINT FULL NAME **MARY LOUISE Hatting**

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

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

6. (b) Name of husband or wife. **✓** 6. (c) Age of husband or wife if alive **7** years

7. Birth date of deceased **October 20 1928**

8. AGE: Years **14** Months **10** Days **15** If less than one day **✓** hr. **✓** min.

9. Birthplace **Jefferson City, Mo.**

10. Usual occupation **at home**

11. Industry or business **at home**

12. Name **Thomas Hatting**

13. Birthplace **Jefferson City, Mo.**

14. Maiden name **Gertrude Imhoff**

15. Birthplace **Cipson Mo.**

16. (a) Informant **Thomas Hatting**

(b) Address **Jefferson City, Mo.**

17. (a) **Burial** (b) Date thereof **9/8/43**

(c) Place: burial or cremation **Resurrection Cemetery**

18. (a) Signature of funeral director **Sylvester Dulk**

(b) Address **Jefferson City, Mo.**

19. (a) **9-7-43** (b) **Harold Richter**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept. 5** day **1943**
year **1943** hour **1:45 PM** minute **✓** M.

21. I hereby certify that I attended the deceased from **19** 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 **Cerebral Hemorrhage** Duration **✓**

Due to **Cerebral Hemorrhage**

Due to **same**

Other conditions **none**

(Include pregnancy within 3 months of death) **no**

Major findings: **no**

Of operations **no**

Of autopsy **no**

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

(a) Accident, suicide, or homicide (specify) **none**

(b) Date of occurrence **September 5-1943**

(c) Where did injury occur? **Jefferson City Mo**

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

While at work? **no** (Specify type of place) (e) Means of injury **no**

23. Signature **J. W. Healy** (M. D. or other) **acting coroner**
Address **City Hall** Date signed **9/5/43**

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

MOTHER FATHER

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..... *Sylvester Rulle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City, 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.