

FILED OCT 13 1943

Registration District No. 149

Primary Registration District No. 1007

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9-13-43-9-14-43  
(Specify whether years, months or days)  
In this community 13 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. 1106 1/2 Independence  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALEX HATCHETT

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

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Laura Hatchett 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 15 1850  
(Month) (Day) (Year)

8. AGE: Years 93 Months 5 Days 20 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Freeman Thornton  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2  
burial (b) Date thereof 9/20/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros  
(b) Address 1729 Lydia, K. C., Mo.

19. (a) 9-20-43 (b) T. E. Brown  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 14  
year 1943 hour 3:00 minute p. M.

21. I hereby certify that I attended the deceased from September 13, 1943 to September 14, 1943  
that I last saw him alive on September 14, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema  
Due to Acute Coronary Failure (Heart)  
Due to Arterio Sclerotic Heart Disease  
Other conditions Heart Disease  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none  
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) (e) Means of Injury \_\_\_\_\_  
23. Signature T. E. Brown (M. D. or other)  
Address Gen. Hosp. No. 2 - 606 E. 22 Date signed 9-17-43

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**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 *Jerome Manly*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

**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.**