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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37380

Registration District No. 199 Primary Registration District No. 1002. Registrar's No. 4791

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:
St. Marys Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)

In this community 38 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 East 40th
(If rural, give location)

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

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3. (a) PRINT FULL NAME EUGENE JOSEPH McHATTIE

3. (b) If veteran, name war No

3. (c) Social Security No. not

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Genevieve McHattie

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 3 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	8	9	hr. min.

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

10. Usual occupation Steamfitter

11. Industry or business Missouri-Pacific Railroad

FATHER
12. Name John McHattie
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Cramer
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Rev J. B. McHattie
(b) Address 5817 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Durk & Robin Co
(b) Address 20 West Linwood

19. (a) 11-13-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day Nov year 1943 hour 4:02 minute A M.

21. I hereby certify that I attended the deceased from April, 1943 to Nov 12 1943 that I last saw him alive on Nov 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General abdominal Carcinomatosis	2 mos.
with Intestinal obstruction	7 days
Due to Carcinoma of Prostate	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leo A. O'Brien (M. D. or other) M.D.
Address 1002 Argyle K.C. Mo. Date signed 11-13-43

(Licensed Embalmer's Statement on Reverse Side)

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.....Harlyn Doe.....

Licensed Embalmer No...2810.....

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.