

FILED DEC 28 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3016

26  
5  
4

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

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City, Mo.  
(c) Name of hospital of institution: St Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Mo.  
(d) Street No. 1211 St Marys Blvd.  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET ANN 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 \_\_\_\_\_ years

7. Birth date of deceased Sept 21, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 2 26 hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name J. B. Hattig  
13. Birthplace Birmingham (City, town, or county) (State or foreign country) 4  
14. Maiden name Mary Branch  
15. Birthplace Jax, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant John Hattig (b) Address Jefferson City, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/20/43  
(Month) (Day) (Year)

(c) Place: burial or cremation St Peter Cemetery

18. (a) Signature of funeral director Sylvester Dull  
(b) Address Jefferson City, Mo.

19. (a) 12-20-43 (Date received local registrar) (b) Theresa Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17  
year 1943 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 11 to Dec 17, 1943.  
that I last saw her alive on Dec 17, 1943.  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease  
Due to Phyrotaric acid  
Toxic adenoma

Other conditions: Influenza  
(Include pregnancy within 3 months of death) 5 days

Major findings: Of operations \_\_\_\_\_  
Of autopsy 938

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

23. Signature A. D. ... (M. D. or other) M.D.  
Address Jefferson City, Mo. Date signed 12/20/43

**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 *Sebastian Dulle*  
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.**