

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 9 1944  
Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")

(d) Street No. 401 Hamilton  
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Earl Hatfield

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased. March 10 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	9	27	hr. min.
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9. Birthplace Decatur Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Blacksmith Shop

12. Name Mahlon Hatfield

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 Kathryn Hartle

(b) Address Warrensburg, Mo

17. (a) Burial (b) Date thereof Jan 10 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg, Mo

19. (a) Jan 8 1944 (b) Stella M. Williams  
(File received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1944 hour 5 minute 20 M.

21. I hereby certify that I attended the deceased from July 1942 to Jan 7 1944

that I last saw him alive on Jan 3 1944 and that death occurred on the date and hour stated above. 1944

Immediate cause of death Cerebral thrombosis

Duration 4 days

Due to arteriosclerosis

Due to senility

Other conditions 83 R  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

(Specify type of plane)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. J. M. Williams (M.D. or other) \_\_\_\_\_

Address Warrensburg, Mo Date signed 1-8-44

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

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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 R. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg

**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.**