

FILED FEB 14 1944 87

Primary Registration District No. 3040

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
104 Commercial St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 yrs (Specify whether years, months or days)  
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 104 Commercial  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME

Sillis Hatfield

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sussane Hatfield 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan - 21 - 1875  
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 17 If less than one day hr. - min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Stanley Hatfield

13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ed. McMalley

(b) Address Chillicothe Mo.

17. (a) Burial (b) Date thereof Jan - 11 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cem

18. (a) Signature of funeral director James D. Gordon

(b) Address Chillicothe Mo.

19. (a) January 11 - 1944 (b) Lou Etha Curry  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8<sup>th</sup>  
year 1944 hour 9 minute 48-00 P.M.

21. I hereby certify that I attended the deceased from Nov. 3 - 1943 to Jan 8 - 1944  
that I last saw him alive on Jan 8<sup>th</sup> 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (2) Means of injury

23. Signature Dr. David (M. D. or other) Dr.

Address Chillicothe Mo. Date signed 11-44

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

59  
1  
2

Duration

Dr. David

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

*James D Gordon*

Licensed Embalmer No. *1870*

P. O. Address *Chillicothe, 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.**