

Registration District No. **251** Primary Registration District No. **3048**

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

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 1 day
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frances Lyle Hiatt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or Race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 30 1944
(Month) (Day) (Year)

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

21 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name William Lyle Hiatt

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

14. Maiden name Esther May Wilson

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

16. (a) Informant Weyl L. Heatt

(b) Address Bedford Iowa

17. (a) Burial (b) Date thereof Dec 22 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labor Iowa

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 901 S. Main Maryville Mo.

19. (a) 1-22-44 (b) Ann Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Taylor

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

(d) Street No. 9. W 5 Rural
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1944 hour 10:30 minute 1 M.

21. I hereby certify that I attended the deceased from Jan 20 1944 to Jan 21 1944
that I last saw him alive on Jan 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis + Malnutrition

Due to Small Intestine

Due to 1/2 1/2

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Small Intestine
Incarcerated through agency

Of autopsy in Missouri

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 W. R. Fisher (M. D. or other) _____
Address Maryville Date signed 1-22-44

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 William Campbell

Licensed Embalmer No. 11 20

P. O. Address Wayville 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.