S. No. 2
M—2-43
. 5-17-39
P I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1944

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

9846

State File No.

Registrar's No. 1093

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. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nov. 15, 1943 (Specify whether)
In this community 11-15-43 - 3-8-44
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: ~~Jackson~~ 27

(c) City or town: Booneville, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME: Sister Mary Thomasine Hattstat

3. (b) If veteran, name war: No

3. (c) Social Security No. None

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: Feb. 10, 1885 (Month) (Day) (Year)

8. AGE: Years 59 | Months 0 | Days 28 | If less than one day hr. min.

9. Birthplace: Alsace-Lorraine (City, town, or county) 8 (State or foreign country)

10. Usual occupation: Teacher-Sister of St. Francis

11. Industry or business: Order, Booneville, Mo.

MOTHER FATHER

12. Name: No record

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

14. Maiden name: " "

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

16. (a) Informant: Mother Isabel, Superior

(b) Address: St. Francis Convent, Nevada, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 9, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Nevada, Mo.

18. (a) Signature of funeral director: Thos. E. Quirk Funeral

(b) Address: 4316 Troost Ave.

19. (a) 3-9-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th. year 1944 hour 7.07 A.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 15, 1943, to March 8, 1944; that I last saw h. alive on March 7, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchiogenic carcinoma

Due to: Lung tumor

Due to:

Other conditions (Include pregnancy within 3 months of death): 47d

Major findings:
Of operations:

Of autopsy: See above

Duration

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? Home (Specify type of place)

While at work? (e) Means of injury: 0 4 0

23. Signature: Richard L. Mantz (M. D. or other)

Address: 6 C 8 Grand Medy Date signed

(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 Thomas J. Funk

Licensed Embalmer No. 3775

P. O. Address A. C. Mw

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.