

FILED APR 7 1946

Registration District No.

Primary Registration District No. 5392

Registrar's No. 21

33
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Craw Dent
(b) City or town Watkins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community most of her life
years, months or days)

3. (a) PRINT FULL NAME Edith Lavern Hatcher

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased July 15 1923
(Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER
12. Name Samuel Hatcher
13. Birthplace Phelps Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Ona Adams
15. Birthplace Phelps Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's Edna Adams
(b) Address 6214 Ridgeway

17. (a) burial (b) Date thereof 3/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrison Cem

18. (a) Signature of funeral director Charles Sachs

(b) Address Salem Mo

19. (a) 3-4-44 (b) J. W. McKeenly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33
(c) City or town Bangert
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1944 hour 1 minute PM M.

21. I hereby certify that I attended the deceased from 2-11
1944 to 2-11 1944
that I last saw h. af alive on 2-11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Subacute tuberculous meningitis
metastases to
bones and
abdomen
Due to
Due to
Duration 2 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
13 fl
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?

While at work? (Specify type of place) (e) Means of injury X

23. Signature Charles Sachs (M. D. or other) D.O.
Address Salem, Mo. Date signed 3-3-44

RECEIVED

District Health Officer No. 5

District File Number 444220

Date Filed 4. 6. 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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed Carl G. Jensen

Licensed Embalmer No. 2370

P. O. Address Salina 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.