21199

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 167

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hosp 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103 0

(c) City or town Gray Ridge 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 1

3. (a) PRINT FULL NAME Myrtle May Hatchett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm. T. Hatchett

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. (Month) 27 (Day) 1884 (Year)

8. AGE: Years 59 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Clevenger
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mollie
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Wm. T. Hatchett
(b) Address Gray Ridge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Idalia Cemetery

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 5-15-44 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from May 10, 1944, to May 11, 1944
that I last saw her alive on May 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carbuncle

Due to Acholecystitis

Due to

Other conditions (Include pregnancy within 3 months of death) 127 b1

Major findings:
Of operations

Of autopsy

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) Yes

(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 place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 644-78
Date Filed 6-8-44

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 J. E. Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.