. No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27161

State File No.

Registration District No. 50

Primary Registration District No. 4038

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Benton

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nancy Johanna Hatfield

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 widowed 2

6. (b) Name of husband or wife William E. Hatfield

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

7. Birth date of deceased July (Month) 29 (Day) 1865 (Year)

8. AGE: Years 79 Months 0 Days 9 If less than one day hr. min.

9. Birthplace St. Clair County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Thomas Cary
13. Birthplace (City, town, or county) Virginia (State or foreign country) /

MOTHER
14. Maiden name Margaret Thompson
15. Birthplace (City, town, or county) Tenn. (State or foreign country) /

16. (a) Informant Mrs Ora Bell
(b) Address Warsaw, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem. Clinton, Mo.

18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Mo.

19. (a) Aug 10 1944 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8
year 1944 hour 11 minute 15 A M.

21. I hereby certify that I attended the deceased from 8-4-, 1944, to Aug 8, 1944
that I last saw her alive on 8-8-, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro enteritis

Due to ×

Due to ^

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration 1

120 a

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

23. Signature H G Savage 0 (M. D. or other)
Address Warsaw Date signed 8-8-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 8-44-983
Date Filed 9-6-44

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Bruce E. Hughes

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.