

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 10 1944  
Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 691

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural, S. Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Medical Center for Federal Prisoners  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 1/2 years  
(Specify whether years, months or days)

In this community 8 1/2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Los Angeles <sup>37</sup>

(c) City or town Los Angeles <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. - <sup>0</sup>  
(If rural, give location)

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

3. (a) PRINT FULL NAME HATCH, Charles

3. (b) If veteran, name war World War I

3. (c) Social Security No. UNK.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Halda Nowell 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Jan. 14, 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	7	10	hr. min.

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

10. Usual occupation Real Estate

11. Industry or business Oil

MOTHER FATHER { 12. Name Charles J. Hatch

13. Birthplace Boston Mass.  
(City, town, or county) (State or foreign country)

14. Maiden name Annie McDonald  
(City, town, or county) (State or foreign country)

15. Birthplace unk. Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant File

(b) Address M.C.F.P.

17. (a) Burial (b) Date thereof Aug. 26, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem.

18. (a) Signature of funeral director Frank E. Thiem

(b) Address Springfield, Mo.

19. (a) 8/26-44 (b) D. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24  
year 1944 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from January 14, 1936 to August 24, 1944,  
that I last saw him alive on August 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia, left lung <sup>24 hours</sup>  
Duration

Due to 100

Due to

Other conditions Hemiplegia, cerebral arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Lobar pneumonia; general & cerebral arteriosclerosis; cerebral atrophy, right; hydronophrosis.

Of operations

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) (Cause) (Mechanism) of injury

23. Signature W. W. Handley (M.D. or P.H.D.)  
Address Medical Center Fed. Pris. Date signed 8-25-44

Self, Mo.

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**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..... *Fred C. Prieme* .....  
Licensed Embalmer No. *2899* .....  
P. O. Address *Springfield, 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.