

FILED SEP 13 1944

Registration District No. 10

Primary Registration District No. 3040

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
108 Conn Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 108 Conn Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charlotte Hatfield

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 April 3, 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Lee Hatfield  
13. Birthplace Chillicothe, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Shipley  
15. Birthplace Livingston County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Hatfield  
(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 8-30-'44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.  
(b) Address Chillicothe, Missouri

19. (a) aug 30 (b) hou E. Halderby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th.  
year 1944 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from 8-26-44 to 8-29-44  
that I last saw him alive on 8-28-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Prose - Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Paul B. Barney (M. D. or other) 1944  
Address Chillicothe Mo. Date signed 8-29-1944

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

99  
1  
2

**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.....

Elmer Thomas....., Registered Apprentice No.....  
working under my personal supervision.

Signed Elmer Thomas.....

Licensed Embalmer No. 2640.....

P. O. Address Shillicotte 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.**