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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38590

FILED DEC 7 1944

Registration District No. 7 1940

Primary Registration District No. 4416

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 22

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

(d) Street No. none
(If rural, give location)

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

If yes, name country no 0

3. (a) PRINT FULL NAME George Harvey Hatton

3. (b) If veteran, name war no

3. (c) Social Security No. 494-14-8305

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Nonnie Clay Hatton

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

7. Birth date of deceased Oct. 30 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	0	20	hr. min.

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

10. Usual occupation barber

11. Industry or business barber shop

FATHER
12. Name George Harvey Hatton
13. Birthplace unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Saphronia Coons
15. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Dr. E. W. Cline

(b) Address Platte City, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-21-44 (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Rollins & Mitchell

(b) Address Platte City, Missouri

19. (a) 11-21-44 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1944 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from November 8, 1944, to Nov 19, 1944; that I last saw him alive on Nov 19, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Occlusion - Probably Thrombosis	6 hrs
Due to Aortic Valvular heart disease & aneurysm of aorta	? ?
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	7 yrs

Major findings:
Of operations
Of autopsy

30 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 Edward W. Cline (M. D. or other) M.D.

Address Platte City, Mo. Date signed 11/24/44

1209 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. Platte Co.
District File Number 12-44-98 Kaadi Ward
Date Filed 12-5-44

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 Frances M. Giffee, Registered Apprentice No. 361, working under my personal supervision.

Signed Vivian R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.