

1. PLACE OF DEATH:  
 (a) County Newton  
 (b) City or town Camp Crowder W. Newton  
 (c) Name of hospital or institution: Regional Army Hospital  
 (d) Length of stay: 17 Days  
 In this community 8 Months in Joplin

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin, Mo  
 (d) Street No. 204 North Sergeant  
 (e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Charles Stakely Hatchette

20. DATE OF DEATH: Month Nov. day 17  
 year 1944 hour 7 minute 20 P.

3. (b) If veteran, name war No 3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from Oct. 31, 1944, to Nov. 17, 1944  
 that I last saw him alive on Nov. 17, 1944  
 and that death occurred on the date and hour stated above.

4. Sex Male 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 March 30 1928

Immediate cause of death Leukemia  
 Duration unk

8. AGE: Years 16 Months 7 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace New Orleans La

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

10. Usual occupation Attended School

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

12. Name Major S.F. Hatchette

13. Birthplace Alabama

14. Maiden name MARtha Tuten

15. Birthplace Louisiana

16. (a) Informant J. Stakely

(b) Address 204 Sgt Ave Joplin

17. (a) Removal (b) Date thereof 11-19-1944

(c) Place: burial or cremation Lake Charles La

18. (a) Signature of funeral director Hurlbut Und Co.

(b) Address Joplin Mo.

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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 74a

23. Signature Ernest S. Thompson (M. D. or other) Mo.  
 Address Regional Hospital, Joplin Date signed Nov 17, 1944

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

300

NOV 22 1946

RECEIVED DEC 13 1944  
District Health Officer No. \_\_\_\_\_  
District File Number 1144-259  
Date Filed DEC 13 1944

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 Terry K. Luebeck

Licensed Embalmer No. 959

P. O. Address Joplin 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.