

FILED JAN 13 1945

Registration District No. **251** Primary Registration District No. **2048**

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

1. PLACE OF DEATH:
 (a) County Madison
 (b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Ann's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7
(Specify whether)
 In this community life time
years, months or days

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Hathaway
3. (b) If veteran, name war —
3. (c) Social Security No. 71012
4. Sex F. **5. Color or race** W
6. (a) Single, widowed, married, divorced, widow Widow
6. (b) Name of husband or wife if alive Wm. H. Hathaway
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July 16 - 1872
(Month) (Day) (Year)

8. AGE:
 Years 72 Months 9 Days 6
 If less than one day hr. min.

9. Birthplace Living Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business of Husband

MOTHER FATHER
12. Name Rufus B. James
13. Birthplace Marionville, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Nancy C. Lamborn
15. Birthplace Marionville, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Neal
(b) Address Stamberg, Mo
17. (a) (Burial, cremation, or removal) Berlin **(b) Date thereof** 12/21/44
(Month) (Day) (Year)

(c) Place: burial or cremation Ull Cemetery E. of Stamberg

18. (a) Signature of funeral director Wm. H. Phillips
(b) Address Stamberg, Mo

19. (a) Dec. 23 - 44 **(b)** Wm. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Living
 (c) City or town Stamberg, Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. N. E. of Stamberg 4 mi
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 22
 year 1944 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from Dec 10
1944 to Dec 22 1944
 that I last saw him alive on Dec 21 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of abdominal organs
 Duration —

Due to —
 Due to —

Other conditions —
(Include pregnancy within 3 months of death)
552

PHYSICIAN
 Major findings: —
 Of operations —
 Of autopsy —
 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) (e) Means of injury —

23. Signature J. M. Bayles (M. D. or other) —
Address Marionville, Mo **Date signed** 12/22/44

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

Lloyd Phillips

Licensed Embalmer No. *1898*

P. O. Address *Stonington, Md.*

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.