

U. S. No. 2
FORM-2-43
Rev. 5-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1169

State File No.

172

FILED JAN 26 1945
749

Registration District No.

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos. 24 days
(Specify whether
In this community 4.5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3231 Prospect
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Olive Hatten

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jerome Hatten 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 86 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Issac Sheehan
13. Birthplace no record
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Boring
15. Birthplace va 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr George M Cance

(b) Address Indp. Ho. Bldg # 4

17. (a) Burial (b) Date thereof Jan 13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Mr E. R. Foster

(b) Address 918 Brooklyn

19. (a) 1-12-45 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1945 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from July 18 1944 to Jan. 11 1945
that I last saw her alive on Jan. 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction Duration _____

Due to _____

Due to 9/4/45

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

Major findings: Of operations _____
Of autopsy See above

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) (Means of injury)

23. Signature A. E. Upsher (M. D. or other) MO
Address Med. Dir. Gen'l Hosp. Date signed 1-11-45

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

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.....

J. O. Herrick

Licensed Embalmer No. 35-99

P. O. Address PC 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.