

FILED JUN 14 1945

Registration District No. **17**

Primary Registration District No. **5829**

Registrar's No. **288**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Portageville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Portageville**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 year** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ernest D. Hatley

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

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Pearl Hatley** 6. (c) Age of husband or wife if alive **56** years (Day) (Year)
7. Birth date of deceased **MOCT 26 1876** (Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **8** If less than one day hr. min.

9. Birthplace **Candler Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **E. D. Hatley**
13. Birthplace **Candler Tenn.** (City, town, or county) (State or foreign country)
14. Maiden name **Bell Harris**
15. Birthplace **Candler Tenn.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl Hatley**
(b) Address **Wardell, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-5-1945** (Month) (Day) (Year)
(c) Place: burial or cremation **Portageville, Mo.**

18. (a) Signature of funeral director **Moore C. Dean**
(b) Address **Portageville, Mo.**
19. (a) **5-21-45** (Date received local registrar) (b) **Ellen Deduse** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **Portageville** (If outside city or town limits, write "RURAL")
(d) Street No. **2 1/2 mi N of Wardell, Mo.** (If rural, give location)
(e) Citizen of foreign country? **(Yes or No)**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4** year **1945** hour **11** minute **10:45 A.M.**

21. I hereby certify that I attended the deceased from **Oct 1944** to **May 4 1945** that I last saw him alive on **May 3 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Territorial thrombocytopenic purpura 2 days**
Due to **Prostatic Carcinoma 6 months**

Other conditions **none 514**

Major findings: Of operations **Prostatic Carcinoma** Of autopsy **None**
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 **L. C. Conrad** (M. D. or other) **MD**
Address **Portageville, Mo.** Date signed **5-5-45**

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

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6
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1569

RECEIVED

District Health Office No. 2,

District File Number 645-843

Date Filed 6-12-45

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Carrithersville 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.