

FILED JUN 12 1945

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18462

Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 363  
 (b) Township Charrette Primary Registration District No. 6236 Registered No. 7  
 (c) City "Rural" (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARIE HATMS

(a) Residence, No. Emmaus Home, Warren Co. Mo. St.  3 1/2 miles s.e. of Marshaville  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 - 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
50 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Russia

FATHER 13. NAME J. H. Hatms

14. BIRTHPLACE (CITY OR TOWN) Michaliev  
 (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Elizabeth Klasmu

16. BIRTHPLACE (CITY OR TOWN) Michaliev  
 (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) John W. Pugh Supt. Marshaville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Emmaus Home DATE May 5 1945

19. FUNERAL DIRECTOR (NAME) Fred W. Schuster  
 (ADDRESS) Marshaville Mo.

20. FILED May 5 1945 Ethel Kehr  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) (Unknown) 19

22. I HEREBY CERTIFY, That I attended deceased from May 5 1945 to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Coroners jury verdict  
Due to asbestos exposure

Other contributory causes of importance:  
mental deficiency

Name of operation JFA Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) D. V. Knigge, M. D.

(Address) Marshaville Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

6-11-45

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**