

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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33737 v

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 15 1945
Registration District No. 128

Primary Registration District No. 546E

Registrar's No. 837

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural - S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 7 days
(Specify whether years, months or days)

In this community 1 month 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tennessee (b) County Blount

(c) City or town Townsend
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. #1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HATCHER, Burl Granville, 5312-H

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrtle Hatcher 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased January UNK. 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days UNK. If less than one day hr. min.

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

10. Usual occupation Farmer
Industry or business Farming

11. Industry or business Farming

12. Name Richard Hatcher

13. Birthplace Blunt County, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Sis Hatcher UNK.

15. Birthplace Blunt County, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant File -

(b) Address MCFP

17. (a) Removal (b) Date thereof Oct. 17, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville Tennessee

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1945 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept. 11, 1945 to Oct. 17, 1945
that I last saw him alive on October 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma, right bronchus

Due to more than one month

Due to _____

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

Major findings: Of operations 470

Of autopsy _____

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 Eldon [Signature] (M. D. or other) Prisoners
Address Medical Center for Federal Prisoners Date signed 10/17/45

MOTHER FATHER

Duration
more than one month
PHYSICIAN
Underline the cause to which death should be charged statistically.

984

(Licensed Embalmer's Statement on Reverse Side)

Spfd. mo.

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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 Fred C. Phoenix

Licensed Embalmer No. 2899

P. O. Address Springfield, Mass

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.