

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED NOV 3 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 262

Primary Registration District No. 5887

State File No. 34283

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Rural Bayne Miss
(c) Name of hospital or institution: R.F.D. Udall Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Almost all of her life 20 yrs
years, months or days)

3. (a) PRINT FULL NAME Nancy Hutchison

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct - 17 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 11 17 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Nelson Hathcock
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Martha Susan Hollis
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Hathcock
(b) Address Bakersfield Mo
17. (a) Burial (b) Date thereof Oct 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ursula Mo
18. (a) Signature of funeral director S. J. Hathcock
(b) Address Bakersfield, Mo

19. (a) 10-30-1945 (b) Carl Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ozark 77
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Udall Route 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th
year 1945 hour One minute P M.

21. I hereby certify that I attended the deceased from Aug 23
1945, to Oct 7 1945
that I last saw her alive on Sept 27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis Duration _____

Due to Old Age Debility

Due to _____

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

Major findings: _____
Of operations 920
Of autopsy _____

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)
(e) Means of injury _____

23. Signature Deborah Joan O (M. D. or other) _____
Address Bakersfield Mo Date signed Oct 14 45

1513

(Licensed Embalmer's Statement on Reverse Side)

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.....

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, fact should be so stated above.