

**FILED** JAN 14 1946

Registration District No. **371**

Primary Registration District No. **4541**

Registrar's No. **22**

1. PLACE OF DEATH

(a) County **Webster**  
(b) City or town **Fondland - Town**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home 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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **ARTHUR LEO HATTEN**

3. (b) If veteran, name war **MO I** 3. (c) Social Security No. **494-20-1930**

4 Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **ANNA HATTEN** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **MAY 5 1894**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **6** Days **24** If less than one day hr. min.

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

10. Usual occupation **Pipe fitter**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas Bates Hatten** 9  
13. Birthplace **?** (City, town, or county) (State or foreign country)  
14. Maiden name **ANNA COLMAN** 9  
15. Birthplace **?** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Flossie Hatten**  
(b) Address **Fondland, Mo.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **Dec 2 1945**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Fondland Cem.**

18. (a) Signature of funeral director **Kelley-Ferrell Home**  
(b) Address **Fondland, Mo.**

19. (a) **12-12-45** (Date received local registrar) (b) **Lester D. Good** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster**  
(c) City or town **Fondland, Town**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **29** year **1945** hour **Seven** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **November 29 1945** to **November 29 1945**  
that I last saw him alive on **November 29 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Throat**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **None** (Include pregnancy within 3 months of death)

Major findings: Of operations **No operation** Of autopsy **No 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 **?**

Signature **D. R. Schultz** (M. D. or other) **MD**  
Address **Fondland, Mo.** Date signed **12/11/45**

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

RECEIVED

District Health Officer No. 6,

District File Number 146-73

Date Filed JAN 11 1946

FEB 9 1949

JUN 4 1949

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Permonie 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.