

S. No. 2
M-8-43
S-17-39
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED FEB 4 1946 STANDARD CERTIFICATE OF DEATH

State File No. **3548**

Registration District No. **265**

Primary Registration District No. **5897**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Ozark**
(b) City or town **Nottingham Twp- rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ozark 77**
(c) City or town **Nottingham- rural 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Ida Evelyn Hathcock**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Robert T** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **June 12 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **6** Days **25** If less than one day hr. min.

9. Birthplace **Illinois /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife own home**

11. Industry or business

12. Name **John L. Bentley**

13. Birthplace **Illinois /**
(City, town, or county) (State or foreign country)

14. Maiden name **Rachel Davis**

15. Birthplace **unk. 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wollie Halford**
(b) Address **Bakersfield, Mo.**

17. (a) **Burial** (b) Date thereof **1-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cold Springs Cem.**

18. (a) Signature of funeral director **Chalkingbeard Funeral Home**

(b) Address **Gainesville, Missouri**

19. (a) **Jan 20** (b) **May Johnson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **7**
year **1946** hour **5** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **7-24-45**
1945 to **1-5** **1946**
that I last saw her alive on **1-5** **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thro-
mbosis**

Due to **Hypertension**

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **940**
Of autopsy

Duration

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 Doan** (M. D. or other)
Address **Bakersfield Mo** Date signed **1-16-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1718

243

(Licensed Embalmer's Statement on Reverse Side)

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. B. Hutchison

Licensed Embalmer No. *3431*

P. O. Address. *Gainesville, 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.