. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30581

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 52

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town HICKMAN MILLS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 6 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town HICKMAN MILLS 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BESSIE HATHAWAY

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 MARRIED

6. (b) Name of husband or wife H.E. HATHAWAY

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased SEPT (Month) 12 (Day) 1885 (Year)

8. AGE: Years 60 Months 11 Days 18 If less than one day hr. min.

9. Birthplace SHENANDOAH (City, town, or county) IOWA. 1 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name LORENZO DE FORD. 1
13. Birthplace (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name ELIZABETH BREAZEALE
15. Birthplace ROCKPORT, (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant H.E. HATHAWAY
(b) Address HICKMAN MILLS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 3, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK, MO.

18. (a) Signature of funeral director E. K. George & Sons
(b) Address Grandview, Mo.

19. (a) Sep. 4-46 (Date received local registrar) (b) Dr. Annie S. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30th year 1946 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from Jan, 1946 to 8/30, 1946 that I last saw her alive on 8/28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma - Cervix	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 48A

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. Chipp (M. D. or other) MD
Address 1014 Argyle Date signed 8/31/46

136 (Licensed Embalmer's Statement on Reverse Side)

OCT 1 1946

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 A. K. Geomp

Licensed Embalmer No. 3645

P. O. Address Grandview 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.