

**FILED JAN 2 1947**  
Registration District No. **78**

Primary Registration District No. **3002**

Registrar's No. **191**

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Audrain Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
In this community 44 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1103 E. Monroe St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Edward Hatcher

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Victoria Hatcher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 13, 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation City Assessor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Hatcher  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca McClintic  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace McAlister

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Dec. 24, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director T. E. Pugh

(b) Address Mexico, Mo.

19. (a) 12/24/46 (b) Blanche Keely  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1946 hour 6 minute 45 a.m.

21. I hereby certify that I attended the deceased from Dec 12, 1946 to Dec 23, 1946  
that I last saw him alive on Dec 23, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 45 minutes

Due to arterio sclerosis

Due to sepsis

Other condition Pneumonia virus 12 days  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

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) (a) Means of injury 0

23. Signature R. S. Williams (M. D. or other) MD  
Address Mexico, Mo. Date signed 12/24/46

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

7  
1/2

38

RECEIVED  
District Health Officer No. 10  
District File Number 12-46-2361  
Date Filed DEC 31 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.....

**Earl E. Precht**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Earl E. Precht*

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.**