

S. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED MAR 24 1947**

Registration District No. **24** Primary Registration District No. **5935**

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

1. PLACE OF DEATH: **Pettis**

(a) County **Pettis**

(b) City or town **Sedalia (rural)**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Route 3, /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community **two years**

3. (a) PRINT FULL NAME **Donald Lee Hatfield**

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 **Child**

6. (b) Name of husband or wife **\*\*\*\*\***

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

7. Birth date of deceased **June 18, 1940**  
(Month) (Day) (Year)

8. AGE: Years **6** Months **6** Days **13** If less than one day hr. min.

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

10. Usual occupation **\*\*\*\*\***

11. Industry or business **\*\*\*\*\***

MOTHER FATHER {

12. Name **Logan Hatfield**

13. Birthplace **Benton County, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elsie Mueller**

15. Birthplace **Camden County, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Logan Hatfield (father)**

(b) Address **Route 3, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **3/3/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery near Preston, Mo.**

18. (a) Signature of funeral director **W. H. ...**

(b) Address **Sedalia, Mo.**

19. (a) **3/3/47** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Pettis 80**

(a) State **Missouri** (b) County **Pettis**

(c) City or town **Sedalia (rural)**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 3.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1**  
year **1947** hour **1:10** minute **A. M.**

21. I hereby certify that I attended the deceased from **23. ...**  
**March 1, 1947**, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis of heart.**

Due to **Epileptic seizure** **5 yrs.**

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

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations **85**

Of autopsy \_\_\_\_\_

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 **21**

23. Signature **W. H. ...** (M. D. or other) **D. O.**

Address **215 E. ... Sedalia, Mo.** Date signed **3/2/47**

251

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-29-47

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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 \_\_\_\_\_

*Duane Ewing*

Licensed Embalmer No. \_\_\_\_\_

*3847*

P. O. Address \_\_\_\_\_

*Sedalia, 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.**