

FILED MAR 25 1947
360

State File No. _____

Registration District No. _____

Primary Registration District No. 6225

Registrar's No. 51

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Rural Washita Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. no. 3. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 3 mo. - 17 d.
(Specify whether In this community years, months or days)

(Same period)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Texas¹⁰⁸

(c) City or town: Cabool
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME: Ben Hatler

(b) If veteran, name war: (?)

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 9:50 minute P. M.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

(b) Name of husband or wife: unknown

(c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Apr. - 22 - 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-1-47 19____ to 3-15-47 19____; that I last saw him alive on 3-15-47 19____; and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>74</u> | <u>10</u> | <u>21</u> | hr. _____ min. |

Immediate cause of death: Arteriosclerosis

Due to _____

Due to _____

9. Birthplace: Bolivar Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: None

Other conditions: Senile Dementia
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name: J. Bailey Hatler

13. Birthplace: Fernesssee
(City, town, or county) (State or foreign country)

14. Maiden name: Theresa Elzey

15. Birthplace: Bentonville Ark.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations: _____

Of autopsy: AT

16. (a) Informant: Hospital Records

(b) Address: nevada mo.

17. (a) Personal
(Burial, cremation, or removal)

(b) Date thereof: Mar 16 1947
(Month) (Day) (Year)

(c) Place: burial or cremation: Cabool Mo.

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? _____

18. (a) Signature of funeral director: Saylor V. Elliott

(b) Address: Cabool Mo.

19. (a) 3-20-47
(Date received local registrar)

(b) Raymond Yancey
(Name of embalmers)

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature: R.B. Lester (M. D. or other) _____

Address: nevada mo. Date signed: 3-15-47

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

RECEIVED
District Health Officer No. 7,
District File Number 2-47-294
Date Filed 3-24-47

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 Allen E. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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, above space should be left blank.