S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

21373

State File No.

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing home---1809 Grand (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution several months (Specify whether
In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missorui (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1809 Grand (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mark Hatley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 17, 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 16 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) (State or foreign country) 9
10. Usual occupation retired Engineer
11. Industry or business
FATHER
12. Name no record
13. Birthplace " " (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Lola Ness
(b) Address Neosho, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 6-6-47 (Date received local registrar) (b) Dolores Lamphins DR. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1947 hour 3:40 minute A M.
21. I hereby certify that I attended the deceased from May 27, 1947 to June 1, 1947 that I last saw him alive on June 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Hypostatic
Due to Injury to Arm & Chest and Shock
Due to Compound fracture of Right Humerus
Other conditions Old Age (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

Duration

PHYSICIAN.
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no 122
(b) Date of occurrence May-29-47
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature C E Coat (M. D. or other) 0
Address Joplin, Missouri Date signed 6-5-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-6-539

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 E. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.