S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41702
5347

FILED JAN 2 1948

Registration District No. 1949 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Morgan
(c) City or town: Versailles
(If outside city or town limits, write "RURAL")
(d) Street No.: X
(If rural, give location)
(e) Citizen of foreign country? X no (Yes or No)
If yes, name country: X

3. (a) PRINT FULL NAME: CURTIS L. HATLER
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fern G. Hatler
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: December (Month) 9 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
57	0	10	hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Auto Dealer
11. Industry or business: X

MOTHER FATHER
12. Name: William Hatler
13. Birthplace: Tennessee (City, town, or county) (State or foreign country)
14. Maiden name: Fern Goodman
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Curtis H. Hatler
(b) Address: Versailles, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 22, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Versailles, Missouri
18. (a) Signature of funeral director: Kidwell Funeral Home
(b) Address: Versailles, Missouri
19. (a) 12-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1947 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sworn, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fractured Neck	
Crushed Chest	
Due to: Multiple Bruises + Contusions	
Due to:	
Other conditions (Include pregnancy within 3 months of death): tire blew out - car overturned	

Major findings:
Of operations: 1 pint
Of autopsy: no
History + Examination

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): accident, 51
(b) Date of occurrence: 12-18-'47
Where did injury occur? Johnson (City or town) (County) mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury: Auto Trauma

23. Signature: James W. Miller (M. D. or other) Coroner
Address: 424 Jay Street Date signed: 12-20-47

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

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

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 Chas E. Wells

Licensed Embalmer No. 2644

P. O. Address K.C. 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.