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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1788

Registration District No. 209

Primary Registration District No. 5763

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion <sup>64</sup>

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

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

3. (a) PRINT FULL NAME ESTHER L. HATHAWAY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Oliver Hathaway 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Mar. 28 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

32 9 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Clyde Fenton 0

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

14. Maiden name Carma Shank 0

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Coleman

(b) Address Philadelphia, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 1-26-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or \_\_\_\_\_ Dunn Cemetery

18. (a) Signature of funeral director B. M. Allett

(b) Address Philadelphia, Missouri

19. (a) 1-28-48 (b) Phola Beer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day January  
year 1948 hour 5 minute 1 a.m.

21. I hereby certify that I attended the deceased from Aug. 1  
1947 to Jan. 24 1948  
that I last saw her alive on Jan 24 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver 47 Hours  
Duration

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury 2

23. Signature C. E. Shaver (M. D. or other) Do

Address Philadelphia, Mo Date signed 1-26-48

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

MOTHER FATHER

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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..... *B M Allen* .....

Licensed Embalmer No. *2437* .....

P. O. Address *Philadelphia 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.**