

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3797

State File No.

Registrar's No. 4

FILED FEB 9 1948 74

Registration District No.

Primary Registration District No. 4347

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City
(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 54 years
years, months or days)

3. (a) PRINT FULL NAME William Henry Hathaway

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth Hathaway 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased September 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 21 If less than one day
.....hr. min.

9. Birthplace Union Mills Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Allen 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Trimble 7
15. Birthplace unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Hathaway

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof Jan. 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director Arch O. Dunshee

(b) Address Grant City, Mo.

19. (a) Jan. 26 1948 (b) Pete E. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113
(c) City or town Grant City
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1948 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec 2 to Jan 24 1948
that I last saw him alive on Jan 24 1948
and that death occurred on the day and hour stated above.

Immediate cause of death myocardial infarction
of heart Duration 5 yrs.

Due to

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations 95

Of autopsy no

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)
(c) Means of injury

23. Signature Pete E. Dawson (M. D. or other)

Address Chicago, Ill. 60610 Date signed 1-24-48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Arch C. Dimplee*

Licensed Embalmer No. *3252*

P. O. Address..... *Grant City, 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.