

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
100 College Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime  
years, months or days

3. (a) PRINT FULL NAME CAREY LILY HATTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Bernard Eugene Hatton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 3 - 25 - 1857  
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name William Hamilton Tillery  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Frances Robinson  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Boyle G. Clark  
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 6-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Garden Funeral Service  
(b) Address Columbia, Mo.

19. (a) 6-6-48 (b) Mrs. R E Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 100 College Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1948 hour 10 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 1-19  
1948 to 6-25 1948  
that I last saw him alive on 6-2-48  
and that death occurred on the date and hour stated above. 1948

Immediate cause of death Cerebral Hem. Duration Two days

Due to Age

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

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

Major findings: Naccyglu PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy Naccyglu

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence No  
(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? No (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W. D. Dwyer (M. D. or other) C.M.D.  
Address Columbia, Mo. Date signed 6-4-48

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

00  
47  
39  
906

RECEIVED  
District Health Officer No. 9,  
District File Number  
JUN 1 1948  
Date Filed

JUL 1 1949

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 L. Trasing*  
Licensed Embalmer No. *4132*  
P. O. Address *Columbia, 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.