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FILED JUL 9 1948

Registration District No. 241

Primary Registration District No. 4260

Registrar's No. 20

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
405 E. 8th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether years, months or days) 64 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72
(c) City or town Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. 405 E. 8th. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Charles S. Hatchell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Hatchell 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased November 20 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 15 If less than one day X hr. X min.

9. Birthplace Tiptonville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Lewis Hatchell
13. Birthplace X Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Susie Shankles
15. Birthplace X Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Hatchell
(b) Address 405 E. 8th. St. Portageville

17. (a) Burial (b) Date thereof 6-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director H.S. Smith Funer. Home

(b) Address Caruthersville, Mo.

19. (a) 6-25-48 (b) Ellen [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 th. year 1948 hour 12 (Noon) minute X M.

21. I hereby certify that I attended the deceased from Feb 1 1948 to June 5 1948
that I last saw him alive on June 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic Cardiovascular disease

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

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? N

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Park C. Mullen (M. D. or other) MD.
Address Box 56 Portageville, Mo. Date signed 6-8-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 748-818

Date Filed 7-6-48

JUL 12 1948

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 James A. Saburn
Licensed Embalmer No. 4185
P. O. Address Bartholomew, 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.