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36671

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

FILED JUL 6 1948
Registration District No. **333**

Primary Registration District No. **6196** Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Texas**

(b) City or town **Licking**
(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 **1**
(Specify whether)

In this community **Life Care**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Texas** **107**

(c) City or town **Licking** **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **0**
(If rural, give location) **0**

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

If yes, name country **NO**

3. (a) PRINT FULL NAME **Mary Elizabeth Hatch**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Ed Hatch now**

6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **27 1863**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** - day **13**
year **1948** hour **6** minute **00** P.M.

21. I hereby certify that I attended the deceased from **6-11-48** to **6-13-48**; 19**48**
that I last saw him alive on **6-11-48**, 19**48**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
			hr. min.

Immediate cause of death **apoplexy**

Due to **apoplexy**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **§30**

Of autopsy

9. Birthplace **Licking MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business

12. Name **P.D. Mitchell**

13. Birthplace **Licking MO**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Halbert**

15. Birthplace **Licking MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joel G. Hatch**

(b) Address **Licking, MO**

17. (a) Burial (b) Date thereof **6-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brony Hill Cem**

18. (a) Signature of funeral director **Smith & Ferguson**
(b) Address **Licking MO**

19. (a) **6-19-48** (b) **Elndra Nesse**
(Date received from registrar) (Registrar's signature)

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) (a) Means of injury

23. Signature **Leslie Ferrell** (M. D. or other) **MD**
Address **Licking MO** Date signed **6-14-48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED 6-30-48
District Health Officer No. 5
District File Number 648416
Date Filed 6-30-48

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 *Embert E. Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Rocking Hill*

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.