FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28618

FILED AUG 17 1948

Registration District No. 347

Primary Registration District No. 6171

Registrar's No. 34

1. PLACE OF DEATH:
(a) County Stone
(b) City or town Ponce-De-Leon (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 years, months or days) In this community about 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stone
(c) City or town Ponce (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 Mary L. Hiatt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jim Hiatt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 19 (Day) 1864 (Year)

8. AGE: Years 84 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name J. B. Harris
13. Birthplace Ill (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Porter
15. Birthplace Virginia Mother (City, town, or county) (State or foreign country)
16. (a) Informant William J. Hiatt
(b) Address Rt. 1 Galena
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ponce-De-Leon
18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Galena Mo
19. (a) July 26-48 (Date received local registrar) (b) Lena Murray Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10 July 1948, to 20 July 1948 that I last saw her alive on 18 July 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Appendix	
Due to Hysterectomy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Hyaung (M. D. ~~or other~~)
Address Grena Mo Date signed 24 July 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6
District File Number 848-925
Date Filed AUG 16 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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Hale, 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.