No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31951

Registration District No. 15 — Primary Registration District No. 5071 — Registrar's No. 65

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural- Nashville Twsp.
(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 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

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

(d) Street No. Liberal RFD #1 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM ROBERT HATFIELD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Ida Lucas Hatfield

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 29 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	6	28	hr. min.

9. Birthplace Grundy County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name James Riley Hatfield
13. Birthplace ..... Iowa /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pricilla Smith
15. Birthplace ..... Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Harley Hatfield
(b) Address Liberal, Missouri, RFD #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Nashville Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri

19. (a) OCT 29 1948 (Date received local registrar) (b) Marie Konantz (Registrar's signature) 14

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1948 hour 5 minute 00 A M.

21. I hereby certify that I attended the deceased from ——, 19..., to ——, 19...;
that I last saw h—— alive on ——, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to (Died Suddenly without Medical Care)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
Of autopsy	

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. E. Duvall (M. D. or other) MD

Address Lamar Mo. Date signed Oct 27 1948

(Licensed Embalmer's Statement on Reverse Side) Coroner Barton Co. Mo.

RECEIVED
District Health Officer No. 6,
District File Number 1148-1256
Date Filed 11-6-48

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 Earl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.