No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 13 1948
Registration District No. 63

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33329
Primary Registration District No. 3031
Registrar's No. ~~64~~ 70

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1104 Boyd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. 1104 Boyd St.
(If rural give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GOLDIE HELEN HATTER
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Forrest Hatter
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July 26 1903 (Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Fenton Mo. (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business —
FATHER
12. Name Joseph Stoker
13. Birthplace Hope Springs Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Delia DeClue
15. Birthplace Fletcher Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Osborne Stoker
(b) Address DeSoto Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Donnell B. Dietrich
(b) Address DeSoto Mo.
19. (a) 11/4/48 (Date received local registrar) (b) Marie Farris (Registrar's signature) 146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1948 hour 7 minute 15 p.M.
21. I hereby certify that I attended the deceased from 17 Nov 1947 to 30 Oct 1948; that I last saw her alive on 30 Oct 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Essential hypertension	2 yrs.
Due to: Coronary thrombosis	30 min.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 1940

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 Noel V. McPhister (M. D. or other) M.D.
Address DeSoto Mo. Date signed 1 Nov 48

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

RECEIVED
District Health Officer No. 9,
District File Number NOV 10 1948
Date Filed

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 Ferd Lang, Jr, Registered Apprentice No. 245, working under my personal supervision.

Signed Eleuan Rovinee

Licensed Embalmer No. 3403

P. O. Address Festus 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.