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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36131

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 98

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Stanberry
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 1-2-23
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Gentry 38

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

(d) Street No. South High. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elmoe Lee Hathaway

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Wht.

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased 8 (Month) 8 (Day) 1947 (Year)

8. AGE: Years 1 Months 2 Days 23. If less than one day ..... hr. ..... min.

9. Birthplace Stanberry (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business ✓

FATHER
12. Name Emmit Frank Hathaway
13. Birthplace Stanberry (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Marie McKeese
15. Birthplace Gentry County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Marie McKeese
(b) Address Stanberry Missouri.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Highridge Cemetary

18. (a) Signature of funeral director Evan Johnson
(b) Address East 2nd St Stanberry Mo

19. Nov. 5-1948 (Date received local registrar) (b) Homer M. Nebstine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1948 hour 6:30 pm minute ..... M.

21. I hereby certify that I attended the deceased from Oct 29, 1948, to Nov. 1, 1948, that I last saw him alive on Nov 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	4½ mo.
Pneumonia.	2 weeks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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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 2

23. Signature Paul C Musselman (M. D. or other) D.O.
Address 118 E. 1st Stanberry Mo Date signed 11-2-1948

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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~~ J. Evan Johnson, Registered Apprentice No. ✓ working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanberry Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.