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-47  
-39  
3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19271

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Clinton Gen Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (20)  
(Specify whether in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry <sup>442</sup>

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

(d) Street No. W. Mainline B. 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Lee Hatelson Jr

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27  
year 1948 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from 6-25, 1948, to 6-27, 1948;  
that I last saw him alive on 6-27, 1948;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 6 25 1948  
(Month) (Day) (Year)

Immediate cause of death premature birth 6's mo Duration 2

8. AGE: Years Months Days If less than one day  
0 0 2 hr. \_\_\_\_\_ min.

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

10. Usual occupation work

11. Industry or business \_\_\_\_\_

12. Name George Lee Hatelson Jr

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

14. Maiden name Jewell Marshall

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

16. (a) Informant George Lee Hatelson Jr

(b) Address Clinton MO

17. (a) Burial (b) Date thereof 6-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Clinton MO

19. (a) 6-29-48 (b) R B Kermey  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 15.9

Of autopsy \_\_\_\_\_

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 H. Walker (M. D. or other) MD

Address Clinton MO Date signed 6-29-48

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No.

District File Number 6-48-7

Date Filed 7-5-42

**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.

*not embalmed*

Signed *John E. ...*

Licensed Embalmer No. 4516

P. O. Address Clinton, 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.**