

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35316

State File No. _____

FILED NOV 15 1948

Registration District No. 336

Primary Registration District No. 6121

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Rt 2 Birch Tree
(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 34 years
years, months or days)

3. (a) PRINT FULL NAME Minnie A Hatton

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 M
6. (b) Name of husband or wife Frank Hatton 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased July 25 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 20 If less than one day
hr. _____ min. _____

9. Birthplace Dean Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Robinson

13. Birthplace W Virg.
(City, town, or county) (State or foreign country)

14. Maiden name Louise Bond

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

16. (a) Informant F E Hatton

(b) Address Mtn View, Mo.

17. (a) Burial (b) Date thereof 10-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montier Cemetery

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Mountain View, Mo.

19. (a) 11-10-48 (b) B. E. Rouse
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon
(c) City or town Rt 2 Birch tree
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1948 hour 5 minute 8 A. M.

21. I hereby certify that I attended the deceased from Sept 15 to Aug 15 1948
that I last saw him alive on Aug 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 3 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature R. L. Davis (M. D. or other) _____

Address Birch Tree Mo Date signed 11-1-48

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

MOTHER FATHER

RECEIVED 11-12-48
District Health Officer No. 5,
District No. 11-12-48
Date Filed 11-12-48

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

Joe L. Duncan

Licensed Embalmer No.

4325

P. O. Address

Metairie La.

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.