DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41172

State File No.

JAN 12 1940

Registration District No. 791

Primary Registration District No.

Registrar's No. 10295

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph

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

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edna McHatton 235

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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 May (Month) 19 (Day) 1910 (Year)

8. AGE: Years 29 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Randolph Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Office Work

11. Industry or business U. S. Conservation-Sparta, Ill.

MOTHER FATHER

12. Name Thomas McHatton

13. Birthplace Randolph Co. (City, town, or county) Illinois (State or foreign country)

14. Maiden name Dora Ewine

15. Birthplace Randolph Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Dora McHatton

(b) Address Sparta, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/1/39 (Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4390 Washington Ave. 542

19. (a) DEC 1 1939 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1939 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1939, 19..., to Nov. 30, 1939, that I last saw her alive on Nov 30, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Ulcerative Colitis

Due to non-Specific

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

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 Joseph E. Carney (M.D. or other)

Address 525 Frisco Bldg. Date signed 12-1-39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. Albert H. Harper

Licensed Embalmer No. 1861

P. O. Address.....

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, above space should be left blank.