

LECT. JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17366
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3310 Holmes St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2063

2. PRINT FULL NAME HARRIET P. HACKNEY 250

(a) Residence, No. 3310 Holmes St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. Harry M. Hackney
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-11-1854
 7. AGE YEARS 84 MONTHS 4 DAYS 16 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 17, 1938
 I last saw him alive on May 16, 1938. Death is said to have occurred on the date stated above, at 5:20 m.
 The principal cause of death and related causes of importance were as follows:

Cardiac Failure
970
 Date of onset 5-17-38

Other contributory causes of importance:
Chronic Degenerative Myocarditis
Hypertension
Branchial Aneurysm
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chronic Myopathy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify F. P. Police
 (Signed) _____ M. D.
 (Address) 624 Professional Bldg

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
 FATHER 13. NAME John P. Muffey 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
 MOTHER 15. MAIDEN NAME Mary McCormick
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Mrs. W. P. Neite
 (ADDRESS) 3904 Central
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5/18 1938
 19. FUNERAL DIRECTOR Stine & McCure Co.
 (ADDRESS) Kansas City, Mo.
 20. FILED May 18, 1938 M. M. Grover
Local Registrar.

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.

right side

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.

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.)