REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18214
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin
(b) Township Tyson
(c) City
(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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.

Registration District No. 300
Primary Registration District No. 417
Registered No. 6

2. PRINT FULL NAME John H. Hackmann 255
(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Hackmann Dec'd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2 1864
7. AGE: Years 74 Months 1 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gerald Mo.

FATHER
13. NAME: Hessel Hackmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Elizabeth Dustkhen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Regina Meyer 2217 California Ave St. Louis Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Holy Family Cem DATE: April 25 1938
19. FUNERAL DIRECTOR (ADDRESS): E. H. Lehmann Beaufort Mo.
20. FILED: 4/23 1938 J. Matthews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-21 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1937 to April 22 1938
I last saw him alive on April 22 1938. Death is said to have occurred on the date stated above, at 10.30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Unknown

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? Was there an autopsy? no

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? no
If so, specify
(Signed) Charles A. Schmidt, M. D.
(Address) Gerald Mo

271 (Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. Certificate must be properly classified, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, E. H. Lemme, Licensed Embalmer No. 3076

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed E. H. Lemme

Licensed Embalmer No. 3076

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