

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

11043
 Do not use this space.

APR 13 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 3019 Registered No. 104
 (c) City Independence (d) Street No. _____ 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.

2. PRINT FULL NAME Joe Haackler
 (a) Residence, No. 318 W. Indep. Ave. (Usual place of abode, if no street address, write county or city) (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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 - 1852
 7. AGE YEARS 86 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Russell Co Virginia
 13. NAME Peter Haackler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 15. MAIDEN NAME Harriet Stain
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT Daisy Haackler (ADDRESS) Independence
 18. BURIAL, CREMATION, OR REMOVAL PLACE Independence DATE Mar 22, 1939
 19. FUNERAL DIRECTOR (ADDRESS) Dyer & Mumford
Biggs & Mumford
Biggs & Mumford
 20. FILED 3-23-39 St. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939
 22. I HEREBY CERTIFY That I attended deceased from Mar 7, 1939 to Mar 19, 1939
 I last saw him alive on Mar 19, 1939 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Fracture of Left Hip Mar 7, 1939
Broncho pneumonia Mar 16, 1939
Arthritis suffered 6 yrs
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Mar 7, 1939
 Where did injury occur? Home 318 W. Indep. Ave.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Fall while turning on a light
 Nature of injury _____
 Was disease or injury in any way related to occupation of deceased? No
 (Signed) John P. Stren M. D.
 (Address) Independence Mo

STATEMENT BY LICENSED EMBALMER

I, W. Meinershagen, Licensed Embalmer No. 1095

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 W. Meinershagen

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.)