

360 MAY 10 1939

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

14764
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 287
(b) Township Clay Primary Registration District No. 4891
(c) City Harrisonville (d) Street No. _____ Registered No. 18
(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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
230 Charlie Sackett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zelma Sackett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 10 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common
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) Wis.

FATHER 13. NAME William Sackett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT Zelma Sackett (ADDRESS) Harrisonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonville DATE April 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Emerson Burns Harrisonville, Mo.

20. FILED 4/20 '39 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1939

22. HEREBY CERTIFY, That I attended deceased from Apr 17 1939 to Apr 19 1939
I last saw h. _____ alive on Apr 17 1939 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Tubercular Pneumonia
ca
Date of onset 4/15

Other contributory causes of importance:
Cerebral hemorrhage about sixty days previous

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
If so, specify _____
(Signed) W. H. Cooper
(Address) Harrisonville Mo.

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.

RECEIVED

District Health Officer No. 3,

District File Number 39-304

Date Filed 5-5-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.