

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

21640
Do not use this space.

330 JUL 13 1939

1. PLACE OF DEATH 3

(a) County Buchanan Registration District No. 83

(b) Township Jackson Primary Registration District No. 5118

(c) City _____ (d) Street No. _____ Registered 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 Charles Hackett

(a) Residence, No. Dearbon Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-5-1919

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

19 9 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) Dearbon Missouri

FATHER 13. NAME James R Hackett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dearbon Missouri

MOTHER 15. MAIDEN NAME Alie Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morefield Nebraska

17. INFORMANT (ADDRESS) James Hackett Dearbon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hackett Cmsy DATE June 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lucian Davis Dearbon Mo.

20. FILED 6/27 1939 D. S. Skell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1939

22. I HEREBY CERTIFY, That I viewed deceased from June 27th 1939

I last saw #####, 19..... Death is said to have occurred on the date stated above, at _____ m.

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

Injuries received when the Auto in which he was riding was struck by a train Date of onset _____

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 6/27 1939

Where did injury occur? Buchanan County Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by train

Nature of injury Fractured skull & limbs

24. Was disease or injury in any way related to occupation of deceased no

If so, specify _____ (Signed) Bill Tadlock Coroner M. D. 93 (Address) St Joseph, 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.

WHITE CARBET, WITH WRAPPING INK—THIS IS A PERMANENT RECORD

11

RECEIVED

District Health Officer No. 111

District File Number 739-838

Date Filed JUL 12 1939

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 Lucian Davis

Licensed Embalmer No. 1714

P. O. Address Newton Mass.

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.