

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

23022
 Do not use this space.

DEC'D JUL 19 1939

1. PLACE OF DEATH ²
 (a) County Putnam Registration District No. 718
 (b) Township Wilson Primary Registration District No. 5-948 Registered No. 20
 (c) City _____ (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 Mattha Jane Hackathorn
 (a) Residence, No. _____ St. _____
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Irvin Hackathorn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13-1864</u>		
7. AGE <u>74</u>	YEARS <u>10</u>	MONTHS <u>21</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House wife</u>		If LESS than 1 day, _____ hrs. or _____ mln.
9. Industry or business in which work was done, as saw mill, bank, etc. <u>House work</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 1939</u>		11. Total time (years) spent in this occupation <u>52</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
FATHER	13. NAME <u>Alexander Birk</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT (ADDRESS) <u>Irvin Hackathorn</u> <u>Unionville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unionville</u> DATE <u>June 5 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Comstock Merc Co</u> <u>Unionville Mo</u>		
20. FILED <u>June 10, 1939</u> <u>N. W. Hillman</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 1939, to June 4, 1939
 I last saw h. or alive on March 28, 1939. Death is said to have occurred on the date stated above, at 8:10 A.M.
 The principal cause of death and related causes of importance were as follows:
MI
MI
MI
 Date of onset _____

Other contributory causes of importance:
MI
MI
MI

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 _____ (Signatures)
MI
MI

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE DISTRICT HEALTH OFFICER
DISTRICT OF COLUMBIA

RECEIVED

District Health Officer No. 10

District File Number 7-39-1174

Date Filed JUL 10 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

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.