

FILED FEB 12 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1584

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 6

1. PLACE OF DEATH:

Barton  
(a) County  
(b) City or town Lamar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Sarah Catherine Hackney 250

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife S. L. Kackney 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 20th, 1859  
(Month) (Day) (Year)

8. AGE:		Years		Months		Days		If less than one day	
80		10		7				hr. min.	

9. Birthplace California, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frank Hunter

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Murray

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ted Hackney

(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof Jan 29th, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River Funeral Home  
(b) Address Lamar, MO

19. (a) Jan 28 1940 (b) Mrs Joseph Kindig  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 40 6 hour 15 minute P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1940, to Jan 27, 1940  
that I last saw her alive on Jan - 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia  
Due to: Fracture of neck of femur from fall.  
Due to: \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 186 W

Major findings: Of operations 10  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 1-26-40  
(b) Date of occurrence fall

40 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
28. Signature C. E. Duckett (M. D. or other) MD  
Address Lamar Mo Date signed 1/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 240-357

Date Filed FEB 8 1940

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**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.