

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9773  
State File No. 1207  
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:  
Jackson  
(a) County  
(b) City or town. Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
(Specify whether  
In this community 27 Years  
years, months or days)

8. (a) PRINT FULL NAME Mr. William J. Hacker 260  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Kate C. Hacker  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased April 4 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 11 6 hr. min.

9. Birthplace Nemaha Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business School Board

MOTHER FATHER  
12. Name John W. Hacker  
18. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Agnes R. Maxwell  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate C. Hacker  
(b) Address 2642 Madison Mo

17. (a) Burial (b) Date thereof March 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. W. Neuman  
(b) Address 1401 Brush Creek Blvd.  
3-18-40

19. (a) (Date received local registrar) (b) M. M. Clave  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2642 Madison Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 17  
year 1940 hour 3 minute 30A.M.M.

21. I hereby certify that I attended the deceased from  
March 12 1940, to March 16 1940  
that I last saw him alive on March 16 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Non-specific generalized peripheral neuritis 2 weeks  
Due to 95° F  
Due to

Other conditions Arteriosclerotic Heart Disease  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations  
Of autopsy as above  
Underline the cause to which death should be charged statistically.

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

(c) 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? (e) Means of injury

23. Signature P. H. Henry (M. D. or other)  
Address 315 Alameda Road Date signed 3-17-40

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

**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address K. C. Mo

**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.**