FILED SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28800

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1323 Euclid 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 49 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. 1323 Euclid (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Hackney 250

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Widowed

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 15 (Day) 1861 (Year)

8. AGE: Years 79 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Fulton County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Carpenter 9
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Hoffman
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Arthur C. Hackney

(b) Address Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 20 (Day) 1940 (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City Mo.

19. (a) 8-21-40 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1940 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from on or 19.40, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr myocarditis	[illegible]
Due to	
Due to 92 C	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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? 372 (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 1

Address [illegible] Date signed 8/20/40

(Licensed Embalmer's Statement on Reverse Side)

40-9-377

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.