

FILLED NOV 19 1941

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Rural Burlington Jet.
(c) Name of hospital or institution: 1 mi East of
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Rural
(d) Street No. 1 mi East of Burlington Jet. Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10.
year 1941 hour 11 minute 10 p.m.

21. I hereby certify that I attended the deceased from October 1940 to October 10 1941;
that I last saw him alive on October 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of left vaginal labia
Known duration 1 year
Due to probably caused by injury
in fall getting out of bathtub
Due to some 7 or 8 yrs ago.

Duration

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 49C

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?
While at work? _____ (Specify type of place) _____ (a) Means of injury _____

23. Signature L. E. Wallace (M.D. or other) J. O.
Address Burlington Jet. Mo. Date signed Oct. 11, 1941

3. (a) PRINT FULL NAME MARY ELLEN HACKETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 21, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 19 If less than one day: hr. _____ min. _____

9. Birthplace Livingston Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation at Home.

11. Industry or business _____

12. Name James Hackett
13. Birthplace Ireland
(City, town or county) (State or foreign country)
14. Maiden name Sarah Pattison
15. Birthplace N.Y.
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Nicholas
(b) Address Burlington Jet. Mo.
17. (a) Burial (b) Date thereof Oct. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ohio Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Marionville Mo.
19. (a) Oct 16 (b) J. H. Hann M.D.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

4
0
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MOTHER FATHER

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 *John W. Price*
Licensed Embalmer No. *3229*
P. O. Address *Maryville 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, fact should be so stated above.