

Registration District No. 875

Primary Registration District No. 3039

1. PLACE OF DEATH

(a) County Union  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 200 West Arch  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 77 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jennett  
(c) City or town Nevada (If outside city or town limits, write "RURAL")  
(d) Street No. 200 West Arch (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1942 hour 7 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Mar 15 1942 to Mar 31 1942  
that I last saw him alive on Mar 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis Duration \_\_\_\_\_  
Due to General Atherosclerosis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations: 131a  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. M. Gator (M. D. or other)  
Address Nevada Mo Date signed 3/28/42

3. (a) PRINT FULL NAME FLORENCE ALBERTA HACKNEY

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

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

6. (b) Name of husband or wife Joseph Algen Hackney 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: September 9 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name John Smith  
13. Birthplace unknown Virginia (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Garbath  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Essie Henry

(b) Address 200 W. Arch, Nevada Mo

17. (a) Burial (b) Date thereof March 30-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jewell Ferry Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Nevada Missouri  
19. (a) April 1, 1942 (b) Elizabeth Breckenridge  
(Date received local registrar) (Registrar's signature)

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

08  
2

RECEIVED

District Health Officer No. 7,

District File Number 4-42-363

Date Filed 4-9-42

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 Lloyd Winsett  
Licensed Embalmer No. 3857

P. O. Address Kwada, 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.