No. 2
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 295

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31147

Primary Registration District No. 4443

Registrar's No. 60

88 1 0

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Huntsville
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph

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

(d) Street No.: 424 South Oak
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: James Buchannan Hackley

3. (b) If veteran, name war: .....

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Mrs. Gussie Hackley

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: April (Month) 1 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	5	9	hr. ..... min.

9. Birthplace: Howard Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: .....

FATHER
12. Name: William Hackley
13. Birthplace: Don't know (City, town, or country) 9 (State or foreign country)

MOTHER
14. Maiden name: Lucy McCurry
15. Birthplace: Howard County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Gussie Hackley
(b) Address: Huntsville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 9/11/1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Huntsville Cemetery

18. (a) Signature of funeral director: Tom B Patton
(b) Address: Huntsville Mo

19. (a) 10-2-42 (Date received local registrar) (b) Mrs. P.O. Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1942 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from July 1, 1938, to Sept 8, 1942 that I last saw him alive on Sept 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremic Poison	2 wks
Due to: arteriosclerosis	
Due to:	
Other conditions: senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: .....

23. Signature: P.O. Dreyer (M. D. or other) M.D.
Address: Huntsville Mo Date signed 9/12/42

1027 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-1783
Date Filed OCT 2 - 1942

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 Paul T. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Tx.

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

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

. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31147

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James B Hockley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 1 (Day) 1854 (Year)

8. AGE: Years 88 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1942 hour minute M.

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

Immediate cause of death Uremic Poison

Due to Chronic nephritis

Due to arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131 b

Duration
2 wks

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)
(b) 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. W. Dreyer (M. D. or other) M.D.
Address Huntsville Mo Date signed 10/22/42

SUPPLEMENTARY