

NOV 10 1943  
Registration District No. **64**

Primary Registration District No. **5243**

Registrar's No. **48**

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

**1. PLACE OF DEATH:**  
(a) County Chariton  
(b) City or town Rural (Chariton) Mo  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yrs. years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County Chariton  
(c) City or town Rural Chariton Mo  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME:** GEORGE WASHINGTON HACKLEY  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Oct day 14  
year 1943 hour 2 minute P M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife Louise F. Hackley  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 30, 1853  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-14, 1943, to 10-14, 1943  
that I last saw him alive on 10-14, 1943  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 89 Months 9 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Bronch. Pneumonia  
Duration 2 days

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

10. Usual occupation Farmer

**MOTHER FATHER**  
11. Industry or business?  
12. Name Richard Hackley  
13. Birthplace Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Perkins  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 107  
Major findings: Of operations none  
Of autopsy none  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant George Hackley  
(b) Address Forest Green, Mo.  
17. (a) burial (b) Date thereof 10-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Cem  
18. (a) Signature of funeral director J.P.M. Cary  
(b) Address Glasgow Mo.  
19. (a) 10/16/43 (b) J.P.A. Kelley  
(Date received local registrar) (Registrar's signature)

**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)  
(c) Means of injury \_\_\_\_\_  
23. Signature W.B. Kitchin (M. D. or other)  
Address Glasgow Mo Date signed 10/14/43

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 11-9-43

**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 K. P. M. Crary

Licensed Embalmer No. 3153

P. O. Address Glasgow, Md.

**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, above space should be left blank.