

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18794**

FILED JUN 3 1944

Registration District No.

Primary Registration District No.

**5891**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Clark**  
(b) City or town **Bridges Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Washington Hackler**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married **2** divorced **widowed**  
6. (b) Name of husband or wife **Sarah Hackler** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 16 1868** (Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation **farmer**

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

12. Name **Jesse Hackler**

13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

14. Maiden name **Nancy Ann Smith**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Faye Graves**

(b) Address **Burial**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-31-1944** (Month) (Day) (Year)

(c) Place: burial or cremation **Graves**

18. (a) Signature of funeral director **Demon Roller**

(b) Address **Intn. Home Ark.**

19. (a) **5-31-44** (Date received local registrar) (b) **Margaret Hutcheson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Clark**  
(c) City or town **Rural Bridges** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29** year **1944** hour **5** minute **A.M.**

I hereby certify that I attended the deceased from **May 10** 19**44** to **May 29** 19**44**  
that I last saw him alive on **May 27** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Collapse** Duration **24 day**  
Due to **Mitral Valve disease** **10 yr?**

Due to \_\_\_\_\_  
Other conditions **Asthma, Bronchial** **15 yr**  
(Include pregnancy within 3 months of death)  
**Possible Malignancy of Stomach**

Major findings: **46 f**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (c) Means of injury? **DD**

23. Signature **M J Hoeman** (M. D. or other) **DD**  
Address **Camdenville** Date signed **5/30/44**

RECEIVED

District Health Officer No. 6,

District File Number 644-669

Date Filed JUN 5 1944

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

Denver Roller

Licensed Embalmer No.

4006

P. O. Address

Wm. Home, Ark.

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.