

FILED SEP 8 5 1944

Registration District No.

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County. Cape Girardeau
(b) City or town. Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. South East Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Hospital 2 wks.
(Specify whether
In this community 2 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town. Longtown Mo. 0
(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 _____

3. (a) PRINT FULL NAME Christopher Hacker

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Widowed
divorced. 2

6. (b) Name of husband or wife. Adelia Hacker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. February 10 1862
(Month) (Day) (Year)

8. AGE: 82 Years 6 Months 13 Days If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired Merchant

11. Industry or business

MOTHER FATHER { 12. Name Andrew Hacker
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. Hacker
(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof Aug. 26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longtown Mo.

18. (a) Signature of funeral director Payne & Sons

(b) Address Perryville Mo.

19. (a) 9-2-44 (b) H. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1944 hour 4 minute 30A M.

21. I hereby certify that I attended the deceased from 8-15 1944 to 8-23 1944
that I last saw him alive on 8-22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis

Due to _____
Due to _____

Other conditions. Hepatic Cirrhosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 932
Of autopsy _____

Duration
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 H. W. Phelps (M. D. or other)
Address Cape Girardeau Date signed 9/2/44

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

16
4

9-2-44 1014

RECEIVED

District Health Officer No. 4
District File Number 944-4301
Date Filed 9-7-44

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 Wallace J. Jarry

Licensed Embalmer No. 4027

P. O. Address: Perryville 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.