

S. No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 16 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28394

State File No. ....

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 80

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

1. PLACE OF DEATH: Newton

(a) County..... Newton

(b) City or town..... Neosho  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sale-Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 4 months  
(Specify whether years, months or days)

In this community..... 1  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Newton

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

(d) Street No..... South Jefferson St  
(If rural, give location)

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

3. (a) PRINT FULL NAME ALLICE EVELYN HACKBER

(b) If veteran, name war..... ALLIE

(c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 25  
year..... 1944 hour..... 6 minute..... a M.

21. I hereby certify that I attended the deceased from 1934 to July 25, 1944  
that I last saw her alive on July 25, 1944  
and that death occurred on the date and hour stated above.

4. Sex..... female

5. Color or race..... white

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

(b) Name of husband or wife..... B.M. Hackler

6. (c) Age of husband or wife if alive..... 69 years

7. Birth date of deceased..... Jan 21 1875  
(Month) (Day) (Year)

Immediate cause of death..... Carcinoma of the Lung

Due to..... unknown

Due to.....

Duration..... 10 yrs.

8. AGE: Years Months Days If less than one day

69 6 3 hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... R.C. Jones

13. Birthplace..... not known 9  
(City, town, or county) (State or foreign country)

14. Maiden name..... not known

15. Birthplace..... not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant..... C.M. Hackler

(b) Address..... Neosho, Missouri

17. (a) burial (b) Date thereof..... 7-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Cave Springs Cemetery

18. (a) Signature of funeral director..... J.G. Dighan

(b) Address..... Neosho, Missouri

19. (a) 7-26-1944 (b) Lacey Thompson  
(Date received local registrar) (Registrar's signature)

Other conditions..... Chronic Interstitial Nephritis

Major findings: Arteriosclerosis

Of operations..... none

Of autopsy..... none H72

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..... Melvin C. Bowman M.D. or other MD  
Address..... Neosho, Mo Date signed July 26 44

RECEIVED AUG 14 1944

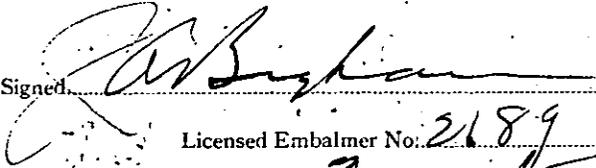
District Health Officer No. \_\_\_\_\_  
District File Number 744-163  
Date Filed AUG 14 1944

**STATEMENT BY LICENSED EMBALMER**

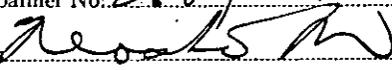
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed  \_\_\_\_\_

Licensed Embalmer No. 2189

P. O. Address  \_\_\_\_\_

**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.