

FILED NOV 24 1944

Registration District No. **2**

Primary Registration District No. **100**

Registrar's No. **1157**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
102 North 19th. Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. Not
(Specify whether
 In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan **11**
 (c) City or town St. Joseph **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. 102 North 19th. Street, **7**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Laura Hackmann
 3. (b) If veteran, name war no
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 5 1866
(Day) (Year)
 7. Birth date of deceased November
(Month) (Day) (Year)

8. AGE:
 Years 78 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
 { 12. Name William Hackmann
 { 13. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)
 { 14. Maiden name Mina Westermeyer
 { 15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Habecker

(b) Address 102 No. 19th., St. Joseph, Missouri

17. (a) Burial (b) Date thereof 11/22/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
 (b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 11-21-44 (b) Walter Meierhoffer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th.
 year 1944 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 11-18 1944 to 11-20 1944
 that I last saw her alive on 11-19 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Central Leukemia **2 days**
 Due to arterio sclerosis

Due to _____

Other conditions g3a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
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) (c) Means of injury

23. Signature R. C. Bauman, M.D. (M. D. or other) _____
 Address 670 Francis St. Joseph, Mo Date signed 11/22/44

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: *Albert P. Harrington*
Licensed Embalmer No. 3258 Missouri.
P. O. Address St. Joseph, Missouri.

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.