

38483

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1944

Registration District No. 263

Primary Registration District No. 6291

Registrar's No.

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Lutie rural Longrun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Eldon Willard Hackler

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, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 7 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Edward Hackler
13. Birthplace Longrun, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Reba Sallee
15. Birthplace Longrun, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Marthann Sallee
(b) Address Lutie, Missouri

17. (a) Burial (b) Date thereof 10-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hicks

18. (a) Signature of funeral director Friends J.B. Hobbs

(b) Address Lutie, Missouri

19. (a) 11-10-1944 (b) Mary H. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77
(c) City or town Lutie Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1944 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from Oct 8 to Oct 10 1944
that I last saw him alive on Oct 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure
IntraCranial Hemorrhage Duration 2 1/2 hrs

Due to

Due to

Other conditions
(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?

(Specify type of place)
While at work? (e) Means of injury

Signature M. C. Bentley (M. D. or other)

Address Area Date signed 10-18-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6

District File Number 1244-1305

Date Filed DEC 8 1944

Parents request that body not be embalmed.

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

W B Buchanan

Licensed Embalmer No.

3487

P. O. Address

One Five

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.