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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14160

FILED MAY 15 1946

Registration District No. 2 4 D

Primary Registration District No. 4442

Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Higbee Mo.
(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 About 65 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Higbee Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No) 0

If yes, name country England

3. (a) PRINT FULL NAME Joseph Hackward.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs Thurs Hackward

6. (c) Age of husband or wife if alive About 68 years

7. Birth date of deceased July (Month) 5 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	8	26	hr. min.

9. Birthplace (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Mine Forman

11. Industry or business

FATHER
12. Name William Hackward
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Jane Peart.
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs Joe Hackward
(b) Address Higbee Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 1946 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem Higbee Mo

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo

19. (a) 4/1/46 (Date received local registrar) (b) J. H. Hinn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month # March day 31 year 1946 hour 11 minute 50 p M.

21. I hereby certify that I attended the deceased from May, 1942 to March 31, 1946 that I last saw him alive on March 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart — Duration 34

Due to Bronchial asthma

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no

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 J. H. Hinn (M. D. ~~or other~~)
Address Higbee Mo Date signed 4/1/46

(Licensed Embalmer's Statement on Reverse Side)

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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 Ell Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.