DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20083

Registration District No. 282 Primary Registration District No. 5543 Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural Boons Lick Twp. (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 All her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Fayette, Rural 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Sudie Katherine Kivett Hackley

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

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

6. (b) Name of husband or wife Boyd G. Hackley 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased Oct. (Month) 24, (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
86	7	12	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Lorenzo D. Kivett
13. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary P. Fleming
15. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Bryan Hackley

(b) Address R.F.D Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/46 (Month) (Day) (Year)

(c) Place: burial or cremation Boonesboro Mo.

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 6/11/46 (Date received local registrar) (b) Joe King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from June 6, 1946, to June 6, 1946 that I last saw her alive on June 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute cardiac failure	12 hrs.
Due to Age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

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 0

23. Signature Wm. Shaw (M. D. or other) MD

Address Fayette, Mo. Date signed 6-8-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number _____
Date Filed 7-13-46

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 Ralph A. Parr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.