S. No. 2
M-8-43
5-17-59
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34059

FILED NOV 7 1946

Registration District No. 78 Primary Registration District No. 5666 Registrar's No. 84

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Maywood
(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 years, months or days)
In this community all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lewis
(c) City or town Maywood
(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 .....

3. (a) PRINT FULL NAME John Fredrick Hackamack
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 0
5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ola Hackamack
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Aug (Month) 25 (Day) 1885 (Year)
8. AGE: Years 61 Months 4 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace Lewis (City, town, or county) MO (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business .....
MOTHER FATHER
12. Name Gollup Hackamack.
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Maggie Ellis
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Ola Hackamack
(b) Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2. 1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Durham
18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing. MO
19. (a) 10/4/46 (Date received local registrar) (b) F. W. Jenning, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1946 hour 10 minute 50 P. M.
21. I hereby certify that I attended the deceased from June 5, 1946, to Sept 29, 1946 that I last saw him alive on Sept 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage — Duration
Due to chronic nephritis and hypertension
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations 13B
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 .....
23. Signature Sam A Buchanan (M. D. or other) DO
Address Lawton, Mo. Date signed 10/2/46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 10:46:1924
Date Filed OCT 31 1946

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.

S. No. 2B
M—3-45
P I X43880

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. NOV

Registration District No. 178 Primary Registration District No. 5666 Registrar's No. 84

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Maywood
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Maywood
(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

3. (a) PRINT FULL NAME John F. Hackanack

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 25 (Day) 1884 (Year)

8. AGE: Years 61 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 10/4/46 (Date received local registrar) (b) P. W. Jennings MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 29 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

34059