No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1948
Registration District No. 5

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4016

State File No. 40789
Registrar's No. 39

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

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Tarkio
(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 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison 3
(c) City or town Tarkio 2
(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 WILLIAM Levi HACKETT
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex 0
5. Color or race
6. (a) Single, widowed, married, divorced wid 2
6. (b) Name of husband or wife Carrie Hess
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 4 (Day) 1858 (Year)

8. AGE: Years 89 Months -- Days 29 If less than one day hr. min.

9. Birthplace Oblong (City, town, or county) Illinois (State or foreign country)
10. Usual occupation retd farming
11. Industry or business
FATHER
12. Name Sol H.Hackett
13. Birthplace Kentuckey (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Pollie Watts
15. Birthplace Kentuckey (City, town, or county) (State or foreign country)
16. (a) Informant E.M.Hackett
(b) Address Tarkio,Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio,Mo.
19. (a) Dec. 31 of 1947 (Date received local registrar) (b) Mrs. H.D. Cunningham (Registrar's signature) 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd.
year 1947 hour 9 minute --p. M.
21. I hereby certify that I attended the deceased from Nov 26, 1947, to Dec 3, 1947
that I last saw him alive on Dec 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchi - Pneumonia secondary to Influenza	5 days
Due to	
Due to	
Other conditions: Fractured neck of left femur from a fall (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 3
(b) Date of occurrence
(c) Where did injury occur? in home Tarkio (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? (e) Means of injury
23. Signature C S Haskell (M. D. ~~or other~~) 0
Address Tarkio,Mo. Date signed 12/4/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Jno. M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.

2B
45
43880

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. Jan

Registration District No. 5 Primary Registration District No. 4016 Registrar's No. 39

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Tarkio
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 Wm L. Hackett
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 Wd
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Oct 4 (Month) (Day) (Year)
8. AGE: Years 89 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Ill (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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day 29 year 1947 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.

	Duration
Immediate cause of death	
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

40789