

FILED DEC 23 1947

Registration District No. 76

Primary Registration District No. 4158

Registrar's No. 74

1. PLACE OF DEATH:

(a) County DALLAS  
(b) City or town BUFFALO  
(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 1 WEEK  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DALLAS  
(c) City or town BUFFALO  
(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 WILLIAM ROBERT HACKLER

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 MELLA 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased OCT 10 1885-  
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name JOHN RILEY HACKLER

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

14. Maiden name ELIZABETH ADAMS

15. Birthplace ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ROBERT HACKLER

(b) Address LONG LANE MO

17. (a) BURIAL (b) Date thereof 11-25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LIBERTY

18. (c) Signature of funeral director L. B. JONES

(b) Address BUFFALO MO

19. (a) Dec 13 1947 (b) Mrs J.B. Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23  
year 1947 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 16 1947 to Nov 23 1947  
that I last saw him alive on Nov 22 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate gland & bladder  
Duration 7 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 2 months of death) 5/12

Major findings: Resection & Castration  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 10

23. Signature J.B. Jones (M. D. or other) MA  
Address Buffalo MO Date signed 12-1-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number: 11-K-7-1458  
Date Filed: 12-28-47

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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..... *Morris B. Jones* .....

Licensed Embalmer No. *4322* .....

P. O. Address *Buffalo, 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.