G. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1418

FILED FEB 3 1948

Registration District No. 4

Primary Registration District No. 3026

Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)
In this community 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: RR 3,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MR. GEORGE V. HACKETT
3. (b) If veteran, name war: none
3. (c) Social Security No.: None
4. Sex: male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Laura Hackett
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: Jan. 26, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	11	12	hr. min.

9. Birthplace: Franklin, Penna. (City, town, or county) (State or foreign country)
10. Usual occupation: Foreman
11. Industry or business: Standard Oil Co.

FATHER
12. Name: William B. Hackett
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mariam E. Nelson
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Laura Hackett
(b) Address: RR 3 Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.
18. (a) Signature of funeral director: Dell Carson
(b) Address: Independence, Mo.
19. (a) 1-10-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 year 1948 hour 1:25 minute P 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: Circulatory Failure	
Due to: Uremia	
Due to: Hypertrophy of Prostate	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 137A	
Of autopsy: See Above	

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)
(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: A. E. Upshaw (M. D. or Coroner)
Address: 2800 Main Date: 1/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 1948

JUN 16 1948

FEB 10 1948

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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.