S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5799

Registration District No. 282 | Primary Registration District No. 5978 | Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Polk

(b) City or town: "Rural" Looney Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: on highway 13, 2 miles south of Brighton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cedar

(c) City or town: Cedar Springs (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: Edward Willis Hackleman

3. (b) If veteran, name war: World War II

3. (c) Social Security No. 495-30-2083

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife

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

7. Birth date of deceased: Sept. (Month) 24 (Day) 1927 (Year)

8. AGE: Years 20 | Months 5 | Days 5 | If less than one day: hr. min.

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

10. Usual occupation: farmer

11. Industry or business

MOTHER FATHER

12. Name: Charles Hackleman

13. Birthplace: Cedar County (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Gladys Maslin

15. Birthplace: Cedar County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Gwinn-Carothers Funeral Home

(b) Address: El Dorado Springs, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: Feb. 29, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: El Dorado Springs, Mo.

18. (a) Signature of funeral director: Turpin Funeral Home

(b) Address: Bolivar, Mo.

19. (a) Mar 3, 1948 (Date received local registrar) (b) Ralph Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29 year 1948 hour 5:30 minute P. M.

21. I hereby certify that I ~~attended~~ viewed the deceased from Feb. 29, 1948, 19..., to ..., 19..., that I last saw him ~~alive~~ on Feb. 29, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Broken Neck

Due to: automobile accident

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

Duration

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): accident. 84

(b) Date of occurrence: Feb. 29, 1948. Polk Co.

(c) Where did injury occur? Mo. Highway 13 South of Brighton Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Mo. State Highway 13. (Specify type of place)

While at work? no (e) Means of injury:

23. Signature: Willard P. Gwinn Coroner (M. D. or other)

Address: Bolivar, Mo. Date signed: Mar 4 1948

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1948

MAR 19 1948

RECEIVED
District Health Officer No. 7,
District File Number 2-48-213
Date Filed 3-9-48

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. (Not embalmed by us)

Signed .....

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.