

National Office of Vital Statistics

FILED AUG 5 1948

Registration District No.

Primary Registration District No. 4108

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Stockton
 (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 Mo. Cedar 20
 (b) County Cedar 20
 (c) City or town Stockton 20
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

Martha Alice Hacker

3. (b) If veteran,

name war.....

3. (c) Social Security No.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced widow 2
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased October 30 1859
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 88 8 17 hr. min.

9. Birthplace Cane Hill, Missouri 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
 12. Name Jacob Lindley /
 13. Birthplace Tenn. /
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown /
 15. Birthplace Unknown /
 (City, town, or county) (State or foreign country)

16. (a) Informant B J. Hacker
 (b) Address Bolivar Mo
 17. (a) Burial (b) Date thereof 7 18 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stockton Cemetery

18. (a) Signature of funeral director Chuck & Neale
 (b) Address Stockton, Missouri
 19. (a) 7-31-48 (b) Geneva Harrison
 (Date received local registrar) (Registrar's signature) 54

Jefferson City Printing Co.

(Licensed Embalmers' Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
 year 1948 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from
, 19....., to 7-17-48, 1948.

that I last saw him..... alive on....., 19.....,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis

Duration

minute

Due to.....

Due to.....

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

Major findings:
 Of operations.....
 Of autopsy.....

PHYSICIAN

Underline
 the cause of
 which death
 should be
 charged sta-
 tistically.

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 WMB Richter (M. D. or other)
 Address Stockton Mo Date signed 7-17-48

WRITE PLAINLY—USING UNFADING BLACK INK—MALE FEMALE

RECEIVED

District Health Officer No. 7

District File Number 7-48-89

Date Filed 7-4-89

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 C. W. Meade

Licensed Embalmer No. 3335

P. O. Address Duxton

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.