

300
0-47
7-39
3908

Registration District No. 275

Primary Registration District No. 5942

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural - Rolla Imp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 2 Rolla
(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) 2 years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 Rolla
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE M. HACKETT

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Nancy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 13 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>4</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Davis Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm Hackett

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

14. Maiden name Unknown

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

16. (a) Informant Ferd M. Hackett

(b) Address Rolla, Mo.

17. (a) Removal (b) Date thereof 9-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanley Cem.

18. (a) Signature of funeral director Wm H. Dons F.N.

(b) Address Rolla, Mo.

19. (a) 9-4-48 (b) Nadine L. Stall
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-10-46
_____ 19____ to 8-31-48 19____
that I last saw him alive on 8-28 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 6 years

Due to Cerebrovascular & orthopedic 8 years

Due to Cancer of prostate 2 or 3 years

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

Major findings: _____
Of operations 510

Of autopsy _____

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) _____
Means of injury _____

23. Signature Wm Hackett (M.D. or other) MD

Address 101 E 10th Rolla Mo Date signed 9/1/48

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

81
0
0
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 9/8/48

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.

Signed Paul E. Null
Licensed Embalmer No. 4498
P. O. Address Rolla

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.