

No. 2
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-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28825
Registrar's No. 56

FILED OCT 11 1948

Registration District No. 1

Primary Registration District No. 3004

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
120 1/2 W. 10th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME SAMUEL LEASE HACKNEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sara Catherine Hunter

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

7. Birth date of deceased May 12 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>4</u>	<u>19</u>	<u>hr. min.</u>

9. Birthplace Hannibal, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name John Hackney

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

14. Maiden name Eliza Lease

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

16. (a) Informant Ted Hackney

(b) Address Lamar, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof October 4 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) OCT 2 - 1948 (Date received local registrar)

(b) Marie Konantz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1948 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from September 20 1948 to October 1 1948
that I last saw him alive on October 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cremic condition

Due to Prostatic malignancy

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Duration

10 days

PHYSICIAN

Major findings:
Of operations 5/15

Of autopsy _____

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? _____

23. Signature D.R. Guldner (M. D.)

Address Lamar, Mo Date signed 10-1-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6

District File Number 1048-1157

Date Filed 10-9-48

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.

Signed *Frank W Denton*

Licensed Embalmer No. *4581*

P. O. Address *Lamar, Missouri*

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.