N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1955
Do not use this space.

1. PLACE OF DEATH
(a) County Cedar — Registration District No. 165
(b) Township Linn — Primary Registration District No. 5231 — Registered No. 1
(c) City Stockton — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Orvey Clerence Hacker
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dora Hacker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 5, 1883
7. AGE: YEARS 56 — MONTHS — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Farming
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stockton, Mo. 0

FATHER
13. NAME: Jackson Hacker Cedar 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn 0

MOTHER
15. MAIDEN NAME: Martha Lindley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stockton Mo

17. INFORMANT (ADDRESS): Roy Hacker, Stockton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Gap DATE Jan. 20, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. C. Davis & co. Stockton Mo
20. FILED Feb 5, 1939 Mrs D. A. Brown Local Registrar. 151

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct. 1939 to Jan. 19, 1939
I last saw him alive on Jan. 19, 1939 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	
$2.00	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. H. LePere M.D.
(Address) Stockton Mo

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-39-282
Date Filed 2-10-39

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 Melvin Church

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.