

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

38845
Do not use this space.

FILED DEC 10 1940

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township _____ Primary Registration District No. 4230 Registered No. 68
 (c) City Granton (d) Street No. Arcadia Valley Ave 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. 7 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lucian Hadley Hackworth
 (a) Residence, No. Ruby Mo 77 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 Leta Hackworth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1909
 7. AGE YEARS 31 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. W.P.A.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ruby Mo

FATHER 13. NAME James Edwin Hackworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo

MOTHER 15. MAIDEN NAME Annie Tinsford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ruby Mo

17. INFORMANT (ADDRESS) Leta Hackworth Ruby Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellington Mo DATE Dec 6 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman W. Gish Ruby Mo

20. FILED Nov-29, 1940 Julia A. Huntington Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1940
 22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1940, to 11-29, 1940
 I last saw him alive on 11-29, 1940. Death is said to have occurred on the date stated above, at 1:05 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Nephritis
 Date of onset 10/1
 Other contributory causes of importance Concurrent Phases

Name of operation None Date of 11-25-40
 What test confirmed diagnosis Smear 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?
 If so, specify _____
 (Signed) George C. ... M. D.
 (Address) Granton - Mo

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.

S.S. 498-10-3103

DEC 10 1943

MAY 17 1944

AUG 23 1949

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.....

Norman W. Gish

Licensed Embalmer No. *3387*

P. O. Address *Fudmont*

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, above space should be left blank.