No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24828

FILED AUG 7 1941

Registration District No. 165 Primary Registration District No. 5231 Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Stockton Linn Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 1

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cedar 020
(c) City or town: Stockton
(If outside city or town limits, write "RURAL")
(d) Street No.: Church St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William Edward Hackleman
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 15 (Day) 1860 (Year)
8. AGE: Years 81 Months 1 Days 24 If less than one day hr. min.
9. Birthplace: Cedar Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Thomas S Hackleman
13. Birthplace: Ger (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Katherine Mauckey
15. Birthplace: Ger (City, town, or county) (State or foreign country)
16. (a) Informant: Otis Hackleman
(b) Address: El Dorado Springs Mo RD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-13-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Hackleman (Cem)
18. (a) Signature of funeral director: Gwinn-Siders
(b) Address: El Dorado Spgs. Mo
19. (a) 7-14-41 (Date received local registrar) (b) Mrs Missouri Barleton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9 year 41 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 6-23-41 to 7-6 1941; that I last saw him alive on 7-6 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	few hrs.
Due to: Myocardial Insufficiency	6 mos.
Due to: Hypertension	?
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Wm B. Richter (M.D. or other) M.D.
Address: Stockton Date signed: 7-11-41

150 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-41-1218
Date Filed 8-4-41

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 [signature]

Licensed Embalmer No. 2034

P. O. Address El Rico Sp. Mo

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

If this body is not embalmed, fact should be so stated above.