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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28778

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7979

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Missouri Pacific Hospital 0
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emmet Eduard Hackworth

3. (b) If veteran, name war None

3. (c) Social Security No. 498-10-2242

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Orene Hackworth

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased November 9, 1905 (Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Annaoplis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Trucker

11. Industry or business

FATHER
12. Name Vess Hackworth
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Mary Moss
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Orene Hackworth

(b) Address Annapolis, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.,

19. (a) SEP 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24th year 1942 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 12th, 1942, to Sept 24th, 1942, that I last saw h alive on Sept 24, 1942, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute hemorrhagic nephritis

Due to A Syphilitic condition

Due to

Other conditions (Include pregnancy within 3 months of death) 309

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 Harry S. Cren (M. D. or other)

Address Mo. Pac. Hospital Date signed 9/27/42

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1953

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.