S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42759

State File No.

Registration District No. 178 Primary Registration District No. 4286 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town La Grange
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 83 4 10

2. USUAL RESIDENCE OF DECEASED: 56
(a) State Missouri (b) County Lewis 2
(c) City or town La Grange 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Franklin Hackmack

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife America Jane Hackmack

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

7. Birth date of deceased August (Month) 1st. (Day) 1860 (Year)

8. AGE: Years 83 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Fredrick Hackamck
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Anna Walkenhorst
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Margie Hackamack
(b) Address La Grange, Missouri. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Dover

18. (a) Signature of funeral director M. Roberts
(b) Address La Grange, Missouri.

19. (a) 12-21-43 (Date received local registrar) (b) P. W. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 20 year 1943 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from DEC 18, 1943, to DEC 20, 1943 that I last saw h. alive on DEC 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death APOPLEXY

Due to ARTERIO-SCLEROSIS

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. L. Ellis M.D. (M. D. or other)
Address La Grange Mo Date signed 12/21/43

987

(Licensed Embalmer's Statement on Reverse Side)

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 A.A.Roberts, Registered Apprentice No. , working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, La.

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.