V. S. No. 2
100M—2-43
Rev. 5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1943

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43201

Primary Registration District No. 3069

Registrar's No. 2765

1. PLACE OF DEATH: St. Louis, County
(a) County
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1438 Claytonia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 90
(a) State Missouri (b) County Reynolds
(c) City or town Ruble
(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

3. (a) PRINT FULL NAME LINDAL HACKWORTH
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Elsie Iona Hackworth
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Feb (Month) 28 (Day) 1899 (Year)
8. AGE: Years 44 Months 9 Days 13 If less than one day hr. min.
9. Birthplace Ruble (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Lumberman
11. Industry or business
FATHER
12. Name James Irvin Hackworth
13. Birthplace Iron county (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Permelia Vinyard
15. Birthplace Reynolds County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant James D. Hackworth
(b) Address Ruble Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ellington, Mo.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) DEC 14 1943 (Date received local registrar) (b) E. G. McGarren, M. D. (Registrar's signature) Z. S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th year 1943 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 12 1943, to Dec 13 1943 that I last saw him alive on Dec 12 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CORONARY OCCLUSION	6 hrs
Due to General Arterio Sclerosis	1 Year
Chronic Myocarditis	1 Year
Due to V.D.C.C. — Mitral Stenosis	2 years
Other conditions none (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 Neil Lawrence Hudemann (M. D. or other) M.D.
Address 508 N Grand Blvd Date signed 12/13/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 91944

MAY 1 9 1944

MAY 1 9 1944

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 Albert G. Hoffe

Licensed Embalmer No. 2971

P. O. Address.....

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.