

FILED FEB 17 1944

Registration District No. **252**

Primary Registration District No. **4518**

Registrar's No. **1**

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

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Hollister
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME WILLIAM MARTIN SACKMAN

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 Married
6. (b) Name of husband or wife Ida Foreas Sackman 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased March 9th 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Marabel Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business Farming

12. Name Isaac Sackman

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Dudley
Ohio

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm M Sackman

(b) Address Hollister Mo

17. (a) Burial (b) Date thereof Dec 9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prussian

18. (a) Signature of funeral director R. O. Whelchel

(b) Address Prussian Mo

19. (a) Dec 8-43 (b) Mary Muller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney
(c) City or town Hollister
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 7, year 1943, hour 9, minute 55 P. M.

21. I hereby certify that I attended the deceased from 12/7 1943 to 12/7 1943
that I last saw him alive on 12/7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 day

Due to over-exertion - 1 day

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9321

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Harry T. Evans (M. D. or other) MD

Address Prussian Mo Date signed 12/8/43

1106

RECEIVED

District Health Officer No. 8,

District File Number 244-216

Date Filed FEB 15 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 Minnie L. Wilchel

Licensed Embalmer No. 2277

P. O. Address Branson mo

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.