

FILED MAY 8 1944

State File No. _____

Registration District No. 384

Primary Registration District No. 6046

Registrar's No. 3

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town New Mills Rural Callaway
(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 _____)

In this community Life _____ (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles

(c) City or town New Mills Mo Rural
(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 _____

3. (a) PRINT FULL NAME John Henry HACKMANN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10th
year 1944 hour 12 minute 30 P.M.

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Lidia E. Hackmann 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 30 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 8th 1943 to Apr 10th 1944 that I last saw him alive on Apr 10th 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Chronic Myocarditis Duration _____

Slippy heart beat

Due to Auricular Fibrillation and Arterio sclerosis

Due to _____

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

Other conditions Had three cerebral hemorrhages in Sept 1943 & partial paralysis
(Include pregnancy within 3 months of death)

10. Usual occupation No

11. Industry or business Henry Hackmann

Major findings: _____
Of operations No operation

12. Name Henry Hackmann

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Of autopsy No autopsy 932

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

14. Maiden name Elta Piusmann

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

16. (a) Informant Lidia E. Hackmann

(b) Address DePue Ave. Mo

17. (a) Rural (b) Date thereon April 13 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westville Mo

18. (a) Signature of funeral director L. E. Peterson

(b) Address Westville Mo

19. (a) Apr 17 1944 (b) Gene Rickman
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: Intend

(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 _____

23. Signature Benjamin Brandt (M. D. or other) _____

Address Foristell Mo Date signed 4-13-44

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

5-6-44

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

R. P. [Signature]

Licensed Embalmer No.

2711

P. O. Address

Wentzville, 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.