

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

0. 2
17-39
X32873

Registration District No. 284

Primary Registration District No. 3046

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town Rural California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Palmer Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteau
(c) City or town Rural 068
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Archie Francis Hackney

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased Sept 11 1926
(Month) (Day) (Year)

8. AGE: Years 17 Months 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Archie Carter Hackney

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

14. Maiden name Minnie Keesey

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

16. (a) Informant Archie Hackney

(b) Address California Mo

17. (a) Burial (b) Date thereof 10/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Lebanon

18. (a) Signature of funeral director William Fredman

(b) Address California Mo

19. (a) 10-22-43 (b) R. J. Galley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1943 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 16
1943, to Oct 17, 1943;

that I last saw him alive on Oct 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries due to car wreck Duration 3 hours

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1708-8

Major findings: Of operations 28

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) 068

(b) Date of occurrence Oct 16 - 1943

(c) Where did injury occur? 5 mile N.E. California, Monteau, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On county road - 5 mile N.E. California, Mo.

While at work? _____ (e) Means of injury Auto ran in ditch & no other car involved.

23. Signature Henryon Latham (M. D. or other) _____

Address California, Mo Date signed 10-18-43

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

1312

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.....

H.E. Fred Meyer

Licensed Embalmer No.

2854

P. O. Address.....

California 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2200.
Registrar's No. _____

Registration District No. 224 Primary Registration District No. 9046

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

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town Rural California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rothau Sanitarium
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Archie F. Hackney

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced 3

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

7. Birth date of deceased Sept. 11
(Month) (Day) (Year)

8. AGE: Years 17 Months 1 Days _____ If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day _____
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

35305