

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39728
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. #197 334

(b) Township Bethany Primary Registration District No. 4197

(c) City Bethany (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Estine Toblix Mackley

(a) Residence, No. _____ (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Mackley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-21 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

62 10 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo.

13. NAME Francis Mackley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Sarah Timmeyers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Rose Mackley Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL (PLACE) DATE Christian Union Cemetery Nov 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joe E. Wheeler Bethany Mo

20. FILED 11-2-1939 A. L. Wessling Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-23-39, 1939, to 10-31-39, 1939.

I last saw him alive on 10-30-39, 1939. Death is said to have occurred on the date stated above, at 1:25 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

59

Other contributory causes of importance: Arteriosclerosis, mellitus, Pyelitis cystitis

Date of onset 10-30-39

Name of operation None Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1939

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Orlando, M. D.

303- (Address) Bethany Mo

Health Officer No. 11,
1239-1674
DEC 9 1939

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, Joe E. Wheeler, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed Joe E. Wheeler
Licensed Embalmer No. 3512
P. O. Address Bethany 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, above space should be left blank.