No. 2
1-10-39
-17-39
X2149E

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13916

Registrar's No. 1628

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits write "RURAL")

(d) Street No. 620 Troost
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Abner Macklin 245

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Bessie Macklin

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April (Month) 8 (Day) 1892 (Year)

8. AGE: Years 48 | Months | Days 4 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Sim Macklin
13. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Macklin
(b) Address 620 Troost

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 4-16-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-12-40 day
year ..... hour ..... minute 12 30 A M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....;
that I last saw him alive on ..... 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Gun Shot Wound of Abd

Due to 17?

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Homicide
(b) Date of occurrence 4-11-40
(c) Where did injury occur? K. C. Jackson no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public
(Specify type of place)
While at work? (e) Means of injury 5

23. Signature Russell W. [illegible] (M. D. or other)
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Manfone

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

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.