JUL 15 1940

S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20752

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2369

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: 6612 Wabash Avenue 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether In this community 27 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. 6612 Wabash Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. John L. Mack 2AD

3. (b) If veteran, name war None

3. (c) Social Security No. 487-09-7733

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Lillian Mack

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased September (Month) 18 (Day) 1912 (Year)

8. AGE: Years 27 Months 8 Days 21 If less than one day ___ hr. ___ min.

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

10. Usual occupation Chief Clerk

11. Industry or business General Mills 1

FATHER
12. Name Larry Mack 1
13. Birthplace Ottawa (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Ida Snook
15. Birthplace Parsons (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs Johnnie Mack

(b) Address 6612 Wabash Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. M. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) June 10, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 29, 1940, to June 9, 1940 that I last saw him alive on June 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism — Duration 12 hrs

Due to Sub-acute Costeria endocarditis — about 4 months

Due to Hemolytic Streptococcus

Other conditions (Include pregnancy within 3 months of death) 9/a

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature [signature] (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

820. Professional Bldg.
11-3:30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address 15 C 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.