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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25378

Registration District No. 395 Primary Registration District No. 5661 A Registrar's No.

48

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

1. PLACE OF DEATH:

(a) County Jackson Sinaloa Twp

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

(c) Name of hospital or institution: Sni A Bar Twp 3 Lake Tapawingo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether In this community 3 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Blue Springs Rural (If outside city or town limits, write "RURAL")

(d) Street No. Lake Tapawingo 2mi West (If rural, give location) Blue

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

3. (a) PRINT FULL NAME Mr. Roy Marshall Mackey 200

3. (b) If veteran, name war None

3. (c) Social Security No. 495-03-1440

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Muriel Mackey

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased October (Month) 11 (Day) 1898 (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	9	26	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Graham Paper Company

FATHER
12. Name Joshua Mackey
13. Birthplace (City, town, or county) Illinois (State or foreign country)

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

16. (a) Informant Jesse E. Mackey
(b) Address Effingham Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Kansas City, Missouri Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address Kansas City, Missouri

19. (a) Aug. 10, 1940 (Date received local registrar) (b) Mrs Thomas Portwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th year 1940 hour 7 minute 15 A. M.

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

Deputy Coroner

Immediate cause of death Coronary Occlusion

Due to Coronary Atherosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 94-13

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)
(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

23. Signature Russell W. Fox (M. D. or other) 5
Address 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 Kenneth Page Sipp

Licensed Embalmer No. 4128

P. O. Address 1309 Brush Creek K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.