

Registration District No. **399**

Primary Registration District No. **1002**

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

DEC 11 1940

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of town)  
(c) Name of hospital or institution: **Kansas City M. Tuberculosis Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 mo. 2 days**  
(Specify whether years, months or days)  
In this community **40 years**

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. **2428 Spruce**  
(rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9th**  
year **1940** hour **One** minute **15 A.M.**  
21. I hereby certify that I attended the deceased from **October 9th**, 19**40**, to **Nov - 9**, 19**40**.  
that I last saw him alive on **November 9**, 19**40**.  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **Clifford Mackey**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **495-09-4363**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Kate** 6. (c) Age of husband or wife if alive **61** years  
7. Birth date of deceased **march 5 1876**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **8** Days **4** If less than one day hr. min.

9. Birthplace **Valiska Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Building lather**

11. Industry or business \_\_\_\_\_

12. Name **Mackey, John**

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

14. Maiden name **Crosby, Emma**

15. Birthplace **New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **K.C.M. & B. Hosp**

(b) Address **Leeds**

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

(c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **J.P. Louis Fun. Home**

(b) Address **3400 Wardland Ave.**

19. (a) **11-11-40** (b) **M. M. Groves**  
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Far advanced pulmonary tuberculosis pulmonary hemorrhage**  
Due to **23**  
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? \_\_\_\_\_

23. Signature **Clifford Mackey** (M. D. or other) **11/9/40**  
Address **K.C. T. Hospital** Date signed **11/9/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

*A. J. Lewis*

Licensed Embalmer No.....

*3110*

P. O. Address.....

*3400 Woodland*

**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.**