

FILED FEB 14 1941

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2733

Registration District No. 359

Primary Registration District No. 5504

Registrar's No. 2

13000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Hickory  
(b) City or town Weaubleau, Mo  
(c) Name of hospital or institution: /

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Hickory  
(c) City or town Weaubleau, Mo

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

In this community \_\_\_\_\_ years, months or days

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

8. (a) PRINT FULL NAME Sylvester Mackey

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1941 hour 8 minute 00 M.

21. I hereby certify that I attended the deceased from June, 1940 to Jan 22, 1941 that I last saw him alive on Jan 22 and that death occurred on the day and hour stated above.

4. Sex m 5. Color or race wht 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lucy Mackey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Coronary Occlusion

7. Birth date of deceased July 13, 1855 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 9 If less than one day hr. min.

Due to Previous High Blood Pressure

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

Due to \_\_\_\_\_

10. Usual occupation Retired farmer

Other conditions (Include pregnancy within 3 months of death) M.H.

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

Major findings: Of operations \_\_\_\_\_

12. Name Sant E Mackey 18. Birthplace N. J.

14. Maiden name Elizabeth A. Wells 15. Birthplace Ohio

Of autopsy \_\_\_\_\_

16. (a) Informant Mary Erickson

PHYSICIAN Underline the cause to which death should be charged statistically.

(b) Address Preston Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof Jan 29, 1941

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation Robinson Cem

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

18. (a) Signature of funeral director JR Luckey (b) Address Weaubleau, Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3rd

19. (a) 2/11/1941 (b) Tusa V Owens (Registrar's signature)

23. Signature W. R. Easton Address Weaubleau, Mo Date signed Feb 1 1941

RECEIVED

District Health Officer No. 7,

District File Number: 2-41-315

Date Filed 2-11-41

**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 \_\_\_\_\_

Licensed Embalmer No. 2982

P. O. Address Wheatland

**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.**