

FILED MAY 11 1942

Registration District No. 861

Primary Registration District No. 4127

Registrar's No. 15

1. PLACE OF DEATH:

(a) County # Douglas # Taney
(b) City or town Brownbranch Beaver Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney / 26
(c) City or town Brownbranch Rural 7
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph A. Mackey

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 18 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>3</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Miller and Farmer

11. Industry or business _____

12. Name John Mackey 9

13. Birthplace Unknown (State or foreign country) 9

14. Maiden name Mary Giffin

15. Birthplace Unknown (State or foreign country) 9

16. (a) Informant Alta Brown

(b) Address Rams, mo

17. (a) Burial (b) Date thereof 3-30-42
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 4-22-42 (b) Madeline Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1942 hour 5 minute 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 _____

Due to Chronic Pyelo nephritis

Due to Chronic Pyelitis

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 133a

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? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury 0

23. Signature M. C. Gentry (M. D. or other) _____

Address Ava mo Date signed 4-22-42

MOTHER FATHER

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

106
6
0

o.m.e. 12

RECEIVED

District Health Officer No. 6,

District File Number 542-658

Date Filed MAY 8 1942

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 *W.B. Hutchinson*

Licensed Embalmer No. 3431

P. O. Address.....

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.