V. S. No. 2
0M—9-4-41
ev. 5-17-39
I X29484

108
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38358

State File No.

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 177

1. PLACE OF DEATH:
(a) County: VERNON
(b) City or town: NEVADA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 DAYS (Specify whether years, months or days)
In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CedAR 20
(c) City or town: EL DORADO SPRINGS. 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 315 S KIRKPATRICK
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: HERMAN MACKIE
3. (b) If veteran, name war: none
3. (c) Social Security No. NONE
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Nora Mackie
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: July (Month) 18 (Day) 1887 (Year)
8. AGE: Years 55 Months 4 Days 11 If less than one day ____ hr. ____ min.
9. Birthplace: Mansfield (City, town, or county) Missouri (State or foreign country) O
10. Usual occupation: CAFE OWNER
11. Industry or business:
FATHER 12. Name: B. F. Mackie
FATHER 13. Birthplace: (City, town, or county) Mo (State or foreign country) O
MOTHER 14. Maiden name: Rebecca Bell
MOTHER 15. Birthplace: (City, town, or county) Mo (State or foreign country) O
16. (a) Informant: Mrs Nora Mackie
(b) Address: El Dorado Springs, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec-1-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Coal Hill Cemetery
18. (a) Signature of funeral director: Irwin-Siders
(b) Address: El Dorado Springs, Mo
19. (a) Dec. 1, 1942 (Date received local registrar) (b) Elizabeth Beckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th year 1942 hour 10 minute 35 10 A.M.
21. I hereby certify that I attended the deceased from Nov 23, 1942 to Nov. 29, 1942 that I last saw him alive on Nov 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	60 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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
23. Signature: O R King (M. D. or other)
Address: Nevada, Mo Date signed 12-1-42

12 31 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1327
Date Filed 12-9-42

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 O. B. Sykes

Licensed Embalmer No. 3250

P. O. Address Edwards Miss.

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.