

FILED MAR 10 1943

Registration District No. ....

Primary Registration District No. 3040

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(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.....  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LIVINGSTON  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1024 Vine St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME James Cloyce Markey  
(b) If veteran, name war.....  
(c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18  
year 1943 hour 11 minute 35 P. M.  
21. I hereby certify that I attended the deceased from Feb 17  
1943 to Feb 18 1943  
that I last saw him alive on Feb-17 1943  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Grace W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Emily Markey  
6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased Mar 5 1861  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis  
Duration 36 hrs.

8. AGE: Years Months Days If less than one day  
81 11 13 hr. 15 min.

Due to Unknown  
Due to.....

9. Birthplace St Louis MO  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Sheet metal

11. Industry or business Factor

MOTHER FATHER {  
12. Name Peter Markey  
13. Birthplace Ireland Dublin  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Hurst  
15. Birthplace Natchez Miss  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

16. (a) Informant Agnes Markey Sweeney

(b) Address Chillicothe MO

17. (a) Burial (b) Date thereof 2-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director E. Patrick 322  
(b) Address Chillicothe MO

19. (a) Feb 20 1943 (b) L. O. Eha Catty  
(Date received local registrar) (Registrar's signature)

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) (State)  
(d) Did injury occur in or about home, on farm, in industrial establishment, or in public place?  
While at work..... (Specify type of place) (e) Means  
23. Signature Em. Grace  
Address Chillicothe MO

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

59  
1  
2

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.....

*Was Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*E. Beckett*

Licensed Embalmer No.....

*3227*

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.**