

DEAD JUL 15 1943

Registration District No. 100

Primary Registration District No. 5390

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Springcreek typ
(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 X
(Specify whether)

In this community most of his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Rrual
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? Z (Yes or No)
If yes, name country Z

3. (a) PRINT FULL NAME Perry Mackey

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6 Month June day 18
year 1943 hour 2 minut 30 P. M.

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced, widwoed

6. (b) Name of husband or wife Anna Thompson

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: Dec 16 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from J. Viewed the Body to 1943 that I last saw him alive on June 18 at 4 PM, 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>2</u>	hr. min.

Immediate cause of death: Fracture of Skull with 7/8 radical damage

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

Due to his Car Colliding with a Bull

10. Usual occupation farmer retired

Other conditions (include pregnancy within 3 months of death) 1700-14

11. Industry or business X

Major findings: Fracture of Skull 1 m above Left eye

12. Name John Mackey

Of operations NO

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

Of autopsy NO

14. Maiden name Martha Swearingian

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Rer Mackey

(b) Address Salem Mo

17. (a) burial (b) Date thereof 6/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Chas J. Gunn

(b) Address Salem Mo

19. (a) 6-19-43 (b) J. S. Gunn
(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) Accident

(b) Date of occurrence June - 18 - 43

(c) Where did injury occur 032
(City or town) (County) (State)

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

While at work? Wreck

(e) Means of injury Wreck

23. Signature Dr. J. S. Gunn (M. D. or other)

Address Salem MO Date signed 6-19-43

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

3000

RECEIVED

District Health Officer No. 5,

District File Number

743440

Date Filed

7-13-43

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

working under my personal supervision.

Registered Apprentice No.

Signed

Carl K. Lencer

Licensed Embalmer No.

320

P. O. Address

Salisbury, Md

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.