

S. No. 2
M-2-43
5-17-28

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24409

State File No. _____

Registrar's No. 766

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: 728 South 14th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 16 years (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 728 South 14th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Elmer Johnson Mackey

3. (b) If veteran, name war No 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 Anna E. Mackey 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October 2 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>8</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Watch Repairer

11. Industry or business _____

12. Name Thomas Alex. Arneal

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

14. Maiden name Margaret Mackey

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

16. (a) Informant Anna C. Mackey

(b) Address 728 So. 14th St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 13th. & Farson St., St. Joseph, Mo.

19. (a) 6-7-43 (Date received local registrar) (b) Rose Salyog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th.
year 1943 hour 1:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from 12-6-42
_____ 19____, to 6-6 1943;
that I last saw him alive on 6-5-43 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Cardio-vascular Renal Disease

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 13/a
Of operations _____
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?

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

23. Signature J. H. Jewett (M. D. or other) MO
Address 42 North 14th St., St. Joseph, Mo. Date signed 6-8-43

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

AUG 9 1944

JUL 19 1944

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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.