S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28576

LED SEP 7 1943

Registration District No. 164

Primary Registration District No. 30233 032

Registrar's No. 84

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Warrensburg, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓
(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)
In this community 22 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Johnson

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

(d) Street No.: 407 Jefferson St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: James N. Kackley

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Flora

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: 11 (Month) — 20 (Day) 1869 (Year)

8. AGE: Years 73 | Months 8 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Kackley
13. Birthplace: Unknown (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name: Jane Martin
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Flora Kackley
(b) Address: Warrensburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 (Month) 17 (Day) 43 (Year)
(c) Place: burial or cremation: Sunset Hill Cem

18. (a) Signature of funeral director: Fred Wilkerson
(b) Address: Clinton Mo

19. (a) Aug 16, 1943 (Date received local registrar) (b) Lola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15-43 year 7 hour 20 minute 7 AM

21. I hereby certify that I attended the deceased from Aug 14, 1943, to Aug 15, 1943; that I last saw him alive on Aug 15, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 day
Due to: Arteriosclerosis Cardio-vascular disease	
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: [illegible] M.D. (M. D. or other)
Address: Warrensburg, Mo. Date signed Aug 14, 1943

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-3-43

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.....

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

working under my personal supervision.

Signed Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton Mo

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.