

FILED MAR 24 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4th + Washington
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 70 (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 4th + Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lemuel Franklin Mackey

3. (b) If veteran, name war No 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virginia K. Mackey 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Feb 12 1952
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 15 hr. min.

9. Birthplace Clarksville Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Francis Marion Mackey
13. Birthplace Clarksville Mo. U
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda McCloud
15. Birthplace Calumet Co. Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. D. Mackey

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof Feb 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville Mo.

18. (a) Signature of funeral director Warner + Thorne

(b) Address Louisiana Mo.

19. (a) 2-28-44 (b) F. J. Haley
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1944 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased from Feb 25
1943 to Feb 27 1944
that I last saw him alive on Feb 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to Arteriosclerosis

Due to None

Other conditions 83a!
(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? _____

1. While at work? _____ (Specify type of place)
(c) Means of injury 0

23. Signature E. M. Barber (M. D. or other)
Address Clarksville Mo Date signed 2/28/44

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

22
2
1

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-44-502

Date Filed MAR 8 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, of by

....., Registered Apprentice No.
working under my personal supervision.

Signed J. B. Starn

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.