

18353

FILED JUN 12 1944

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 269

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
2109 Harlem Avenue
(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) 67 years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2109 Harlem Avenue
(If rural, give location)

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

3: (a) PRINT FULL NAME Louie Smith Lackey

3. (b) If veteran, name war none

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 Anna Lackey

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

7. Birth date of deceased October 8, 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1944 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 22-44
_____ 19____ to May 22 1944
that I last saw him alive on May 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>7</u>	<u>14</u>	hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation miner

Major findings:
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name David Lackey

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

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

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Wade

(b) Address 2619 Salem, Joplin, Missouri

17. (a) burial (b) Date thereof 5/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 5-23-44 (b) Antonia Sudholt
(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) (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 V.E. Fenney (M. D. or other) _____
Address 311 Miners Bank Date signed 5-23-44

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

1944

12064

44-5-430

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.