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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

27550

State File No.

FILED AUG 26 1945

Registration District No. 3026 Primary Registration District No. 3026 Registrar's No. 220

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:
722 North Dodgeon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 29 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Independence Mo. 4
(If outside city or town limits, write "RURAL")

(d) Street No. 722 No. Dodgeon 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Clara Alice Mackey

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harold H. Mackey

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 4th, 1899
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 46 | 3 | 26 | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph M. Jackson
13. Birthplace Lawrence, Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary I. Smith
15. Birthplace Tarkio, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harold H. Mackey

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 8/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, KC, MO.

18. (a) Signature of funeral director R.R. Speaks

(b) Address Indep. Mo.

19. (a) 7-31-45 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July 30th 1945
year about four P.M. minute M.

21. I hereby certify that I attended the deceased from June 26th 1945, 19, to July 30th 1945, 19;
that I last saw her alive on July 29th 1945, 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary embolus | 2-3 min. |
| Due to Myocardial damage | ?? |
| Due to Coronary changes or thrombosis | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations none
Of autopsy none

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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 George T. Twyman (M. D. or other)

Address Independence Mo. Date signed 7/31/45

(Licensed Embalmer's Statement on Reverse Side)

Mar. 22 - 30 Days

**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 Roland R. Spaeth

Licensed Embalmer No. 3604

P.O. Address Independence 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.**