S. No. 2
M—5-43
5-17-39
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30933

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1946

State File No.

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 99

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Michigan (b) County 444
(c) City or town Macon 20
(If outside city or town limits, write "RURAL")
(d) Street No. Cedar Springs 0
(If rural, give location) 2
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME FRANK MORGAN MACKEY
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced — 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) — 12 (Day) — 1922 (Year)

8. AGE: Years 23 Months 10 Days 29 If less than one day hr. min.

9. Birthplace East Jordon (City, town, or county) Mich (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business
FATHER
12. Name Ray Mackey
13. Birthplace (City, town, or county) Mich (State or foreign country)
MOTHER
14. Maiden name Nettie Clifton
15. Birthplace Wilmer (City, town, or county) Texas (State or foreign country)
16. (a) Informant David Walsh
(b) Address Cedar Springs Mich
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Springs Mich
18. (a) Signature of funeral director H. G. Edwards
(b) Address Bevier Mo
19. (a) Sept 11-46 (Date received local registrar) (b) Ruth McNelly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11 year 1946 hour 2 minute 00 M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death asphyxiation

Due to Monoxide gas from engine & Trailer tractor.

Due to was sleeping in cab switch on.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

17 B. 40

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 61
(b) Date of occurrence 9-11-46
(c) Where did injury occur? Macon (City or town) Macon (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Jct 63-36 near scales. (Specify type of place)
While at work? sleep (e) Means of injury gas poisoning
23. Signature H. G. Edwards Coroner
Address Bevier Mo Date signed 9/11/46

(Licensed Embalmer's Statement on Reverse Side)

185

[redacted]

OCT 9 1946

APR 2 1947

RECEIVED
District Health Officer No. 10
District File Number 9-46-1763
Date Filed SEP 2 0 1946
APR 4 194

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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bravier, 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.