

S. No. 2
M-5-43
5-17-39
I X3687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33674

FILED 867 21 1946

State File No. _____
Registrar's No. 4246

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 39 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1515 HARRISON (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BLANCHE MACKEY
(b) If veteran, name war No (c) Social Security No. Unk

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCTOBER day 6, year 1946 hour 12: minute 20 P. M.

4. Sex FEMALE 5. Color or race NEGRO
6. (b) Name of husband or wife Floyd Mackey
7. Birth date of deceased SEPTEMBER 28, 1890 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from OCTOBER 5, 1946 to OCTOBER 6, 1946; that I last saw h. ER, alive on OCTOBER 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL VASCULAR ACCIDENT

8. AGE: Years 56 Months 0 Days 8 If less than one day hr. min.

Due to HYPERTENSIVE TYPE OF HEART DISEASE

9. Birthplace SPRINGFIELD MISSOURI (City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation MAID

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

12. Name RUBEN ROBERTS HANCOCK

Of autopsy _____

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

14. Maiden name NICIE ROBBINS

15. Birthplace Fayetteville Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant CELESTINE PROCTOR (NIECE)

(b) Address 1515 HARRISON

17. (a) Burial (b) Date thereof 10/9/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director _____

(b) Address 1729 Lydia Avenue
19. (a) 10-8-46 (b) _____ (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 _____ (M. D. or other) M. D. Address GENERAL HOSPITAL NO. 2 Date signed 10/7/46

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

32302

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 *J. Jerome Mealone*.....

Licensed Embalmer No. *3994*.....

P. O. Address. *2503 Highland*.....

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.