. S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9247

FILED APR 8 1947

Registration District No. 1419 Primary Registration District No. 1002 Registrar's No. 1365

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 6 DAYS (Specify whether years, months or days)
In this community 17 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 LYDIA 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN H. MACKLIN
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA MACKLIN
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased AUGUST (Month) 25, (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
43	6	26	hr. min.

9. Birthplace VIAN (City, town, or county) OKLAHOMA (State or foreign country) 1
10. Usual occupation MINISTER
11. Industry or business
FATHER 12. Name JOHN MACKLIN
13. Birthplace (City, town, or county) OKLAHOMA (State or foreign country) 1
MOTHER 14. Maiden name MARTHA
15. Birthplace (City, town, or county) OKLAHOMA (State or foreign country) 1
16. (a) Informant EMMA J. MACKLIN (WIFE)
(b) Address 2310 LYDIA
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Brighton Avenue
19. (a) 3-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21, year 1947 hour 12: minute NOON M.
21. I hereby certify that I attended the deceased from MARCH 15, 1947, to MARCH 21, 1947, that I last saw him alive on MARCH 21, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CEREBRAL VASCULAR ACCIDENT	
Due to HYPERTENSIVE HEART DISEASE	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature E. Frank Ellis (M. D. or other) MD.
Address GENERAL HOSPITAL NO. 2 Date signed 3/21/47

(Licensed Embalmer's Statement on Reverse Side)

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.....Jerome Manlove

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.