S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23213

Registration District No. 6244316 Primary Registration District No. State 6244 Registrar's No.

1. PLACE OF DEATH:

(a) County WASHINGTON

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 MONTS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST FRANCIS 94

(c) City or town MINE LAMOT 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME CHARLES MACKLEY

3. (b) If veteran, name war

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 MARY E MACKLEY

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 3 (Month) 31 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	5	hr. min.

9. Birthplace ST FRANCIS CO (City, town, or county) MO (State or foreign country) 0

10. Usual occupation LABORER.

11. Industry or business

FATHER
12. Name FIELDON MACKLEY 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name NANCY EDWARDS
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant JOSEPH MACKLEY 1
(b) Address CADET MO R1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-8-47 (Month) (Day) (Year)

(c) Place: burial or cremation KNOBLICK MO.

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address TOTOSI MO.

19. (a) May 30-41 (Date received local registrar) (b) Mrs G F Cressman (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6 year 1947 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 5, 1947, to April 6, 1947 that I last saw him alive on April 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to left side Brain

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8 3 19

Of autopsy

Duration

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature G F Cressman (M. D. or other) 5/9/47

Address Potosi Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 647-823

Date Filed 6-16-47

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 C. H. Bauer

Licensed Embalmer No. 4458

P. O. Address Potosi 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.