S. No. 2
M—1/47
v. 5-17-39

WRITE PLAINTLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31323

Registration District No. 749 | Primary Registration District No. 1002 | Registrar's No. 4129

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: 4322 East 7 st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 54 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.: 4322 - E - 7 st 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: William Jay - Mack
3. (b) If veteran, name war: no
3. (c) Social Security No.: 496-07-3490
4. Sex: Males
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Laura Maud Mack
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: July (Month) 25 (Day) - 1872 (Year)

8. AGE: Years 75 | Months 2 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace: Little Santa Fe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Public Service Co
MOTHER FATHER
12. Name: Daniel T. Mack
13. Birthplace: (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Rebecca Nelson
15. Birthplace: (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Laura M. Mack
(b) Address: 4322 E - 7 st
17. (a) Burial (Burial, cremation, or removal) (b) Date: Sept 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Mrs. C. L. Foster
(b) Address: 918 - Brooklyn
19. (a) 9-30-47 (Date received by local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept - day 28 year 1947 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 2-4-46 to 28 Sept 1947 and that I last saw him alive on 25 Sept 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	3 yrs
Anemia	
Due to:	
Due to:	
Other conditions: Cancer rectum (Include pregnancy within 3 months of death)	18 mo

Major findings:
Of operations: —
Of autopsy: No

PHYSICIAN
Underline the cause of 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: R. M. Myers (M. D. or other) M.D.
Address: 1025 Platte Date signed: 9-29-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Robert M Myers.
VA 4751
Riatto Bldg
11 a.m. — 4:30

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn K. C., 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.