S. No. 2
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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948
Registration District No. 109

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5409

8330

State File No.
Registrar's No. 3

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava, Rural, Miller
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Ava, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Kerr Lackey
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 11, 1879 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	0	2	hr. min.

9. Birthplace Watson, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Lackey
13. Birthplace ---- Tenn. / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret E. McCoy
15. Birthplace ------ Tenn. / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. May L. Plonka
(b) Address 2610 S. Wayne St. Arlington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Seymour
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 3-3-48 (Date received local registrar) (b) Vestal Bushman (Registrar's signature) 84

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1948 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Dec 1, 1948 to Feb 12, 1948, that I last saw him alive on Feb 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 200 A	

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 2
23. Signature [signature] (M. D. or other)
Address Box 415 Ava, Mo. Date signed Feb 27, 1948

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

RECEIVED
District Health Officer No. 6
District File Number 348-318
Date Filed MAR 17 1948

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 B Hutchinson

Licensed Embalmer No. 3431

P. O. Address Ava 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.