

Registration District No. **194847**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Kansas City, T.B. Hosp. (1)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day  
(Specify whether years, months or days)

In this community Twenty-eight yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1604 Olive  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Howard Macklin

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1948 hour 5:30 minute P M.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 24 1912  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 16 1948 to Sept 17 1948  
that I last saw him alive on Sept 17 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 7 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Pulmonary TBC

Duration unknown

9. Birthplace Eureka Springs Ark.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Dressing Shop

Other conditions (Include pregnancy within 3 months of death) 136

11. Industry or business \_\_\_\_\_

12. Name Joseph Macklin

13. Birthplace Ark. Fayetteville Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Janie Young

15. Birthplace Eureka Springs Ark.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy not done

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Kansas City, T.B. Hosp.  
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 9/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Watkins Bros.  
(b) Address 1229 Lydia Ave.

19. (a) 9-21-48 (b) Sheldine Holmes  
(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 Benjamin K. Landis (M. D. or other) M.D.  
Address Kansas City, Mo. Hosp. Date signed \_\_\_\_\_

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**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. Manlove*

Licensed Embalmer No.....

*3994*

P. O. Address.....

*1503 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.**