No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33692

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 311

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 509 W. Broadway (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 509 W. Broadway (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Madge Mackey
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William B. Mackey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 28 (Day) 1869 (Year)

8. AGE: Years 79 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Logansport (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Gould Allen Sturges
13. Birthplace Zanesville (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Margaret Denny Cummings
15. Birthplace Logansport (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs T. W. Cloney
(b) Address 509 W. Bdwy, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia, Mo.
19. (a) 10-29-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1948 hour 3 30 minute 10 M.
21. I hereby certify that I attended the deceased from Oct 45 to Oct 27 1948 that I last saw her alive on Oct 27 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
Due to Arterio Sclerosis
Due to Senile changes
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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

23. Signature W. A. Beck Kemence (M. D. or other) M.D.
Address Sedalia Mo. Date signed 10/28/48

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

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-5-48

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 K P McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.