

FILED DEC 28 1948
Registration District No. 297

Primary Registration District No. 5950-4411

Registrar's No. 66

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

2
1
0

1. PLACE OF DEATH: Pike

(a) County Pike

(b) City or town Bowling Green
(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 No. at home
(Specify whether _____)

In this community 40 423
years, months or days)

3. (a) PRINT FULL NAME William Virgil Mackey

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annice Mackey

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Apr 7 - 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 6
If less than one day hr. _____ min. _____

9. Birthplace Near Clarksville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Grocery

11. Industry or business _____

12. Name Wm V. Mackey

13. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Martha A. Scott

15. Birthplace Pike Co. Mo. ()
(City, town, or county) (State or foreign country)

16. (a) Informant Kingrod Hunter

(b) Address Bowling Green Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12 - 14 - 48
(Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green

18. (a) Signature of funeral director H. B. Emore

(b) Address Bowling Green

19. (a) 12-17-48
(Date received local registrar)

(b) Bill Robinson
(Registrar's signature) 154

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1948 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb. 8
1943 to Feb. 10 1948
that I last saw him alive on Feb 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: _____

Of operations None

Of autopsy None

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? _____

While at work _____ (Specify type of place)

(e) Means of injury 0

23. Signature Reginald Dorey, M.D. (M. D. or other) _____

Address Bowling Green, Mo Date signed 12/16/48

RECEIVED

District Health Officer No. 10

District File Number *12-18-211*

Date Filed DEC 24 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 *W. B. Emore*

Licensed Embalmer No. *3466*

P. O. Address *Bowling Green*

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.