

FILED DEC 10 1942

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 145

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

94
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1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 St. Francois
(c) City or town Farmington
(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 _____

3. (a) PRINT FULL NAME Louis N. MACKLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louisa May Mackley 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Nov. 16 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace St. Francois Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Mining

MOTHER FATHER

12. Name William Parker Mackley

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

14. Maiden name Martha Elizabeth Hayes

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Mynoch

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Nov. 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation X. P. Cem. Farmington

18. (a) Signature of funeral director Milbe Funeral Home
(b) Address Farmington, Mo.

19. (a) Nov. 23 1942 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1942 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb. 1942
to Nov. 21, 1942
that I last saw him alive on Nov. 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Passive congestion
Heart failure Duration 2 1/2 hrs.

Due to Chronic valvular heart disease 5 yrs.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings: Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury _____

23. Signature G. C. Watkins (M. D. or other) _____
Address Farmington, Mo. Date signed 1-22-42

District Health Officer No. 3
District File Number 1242-1425
Date Filed 12-7-42

W. M. Wacker

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
W. M. Wacker Registered Apprentice No. _____
working under my personal supervision.

Signed Bert J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, 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.