

FILED NOV 3 1948

Registration District No. 376

Primary Registration District No. 3060

Registrar's No. 337

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: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80 years (Specify whether years, months or days)
In this community _____

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. 320 N. A (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Jane Mackley

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

4. Sex f / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Dock Mackley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 21, 1856
(Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Dent County near Sahem Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name James L. Burnette
13. Birthplace don't know
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Ann Holmes
15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Russell Ryan
(b) Address Farmington, Mo.

17. (a) b (b) Date thereof 10-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation K O F P

18. (a) Signature of funeral director: C. H. Cozean
(b) Address Farmington, Mo.

19. (a) 10-25-48 (b) Esther Hubbs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Sept 1948
to Oct 22, 1948
that I last saw her alive on Oct 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Duration 3 days

Due to Senility & Insanity

Due to _____

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

Major findings: Of operations _____
Of autopsy no

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) _____
Means of injury _____

23. Signature L. H. Stenfield (M. D. or other) _____
Address Farmington, Mo. Date signed 10/25/48

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

MOTHER FATHER

RECEIVED

Health Officer No. 4
File Number 1148-1349
Date Filed 11-1-48

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.....

C. Cozear

Licensed Embalmer No. 4084

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.