

REC JUL 19 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23134  
Do not use this space

1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 775  
 (b) Township Marian Primary Registration District No. 6022 Registered No. 49  
 (c) City RFD Farmington Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willard Andrew Mackley  
 (a) Residence, No. RFD 2 Farmington Mo. St.  (Usual place of abode, if no street address write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Virgie Rose Mackley (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1904  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
34 7 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ste Genevieve Co Missouri  
 FATHER 13. NAME David E Mackley  
 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ste Genevieve Co Missouri  
 MOTHER 15. MAIDEN NAME Corah Thurman  
 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ste Genevieve Co Missouri  
 17. INFORMANT (ADDRESS) David E Mackley RFD 2 Farmington Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Three Rivers DATE June 23, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Benjamin Thiel Co Bonne Terre Mo  
 20. FILED June 23, 1939 M. W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1939  
 22. I HEREBY CERTIFY, that I attended deceased By Inquest duties \_\_\_\_\_, 19\_\_\_\_  
 I saw h. \_\_\_\_\_ die on June 21, 1939. Death is said to have occurred on the date stated above, at 5 A., m.  
 The principal cause of death and related causes of importance were as follows:  
Natural Causes Date of onset \_\_\_\_\_  
Heart attack  
 Other contributory causes of importance: 200 W  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph Dienes coroner  
 1939 (Address) Three Rivers Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, *C. J. Claywell*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*C. J. Claywell*  
Licensed Embalmer No. *3706*

P. O. Address.....  
*Connel Street*

**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, above space should be left blank.**