S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14497

Registration District No. 390
Primary Registration District No. 5546
Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The Home for aged Baptists, 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mos & 11 days
In this community 10 mos & 11 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson 50
(c) City or town Herculaneum
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Mrs. Mary Mackley
3. (b) If veteran, name war ✓
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased April 2, 1848 (Month) (Day) (Year)

8. AGE: Years 94 Months — Days 22 If less than one day hr. min.

9. Birthplace Portsmouth, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business Her Home

FATHER
12. Name John Seal
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Gastner
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant J. W. H. Bursnay
(b) Address Ironton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Herculaneum Mo
18. (a) Signature of funeral director Hallmyand
(b) Address Festus
19. (a) April 24-1942 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1942 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from April 22, 1942, to April 24, 1942
that I last saw her alive on April 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: acute Bronchial Pneumonia (Terminal) — Duration 4/21/42
Due to chronic myocarditis and Infirmities of age
Due to

Other conditions Glandular Enlargement of Neck (rt.)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

107

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? (e) Means of injury

23. Signature R. E. Harland (M. D. or other)
Address Ironton, Mo. Date signed 4/24/42

4/24/42

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(Licensed Embalmer's Statement on Reverse Side)

...ED

...trict Health Officer No. 4

District File Number 542-624

Date Filed 5-14-42

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 H H Wingard

Licensed Embalmer No. 3010

P. O. Address Festus 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, above space should be left blank.