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

REC'D MAY 19 1939

14934
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 322 ~~318~~
(b) Township S Franklin — Primary Registration District No. 5446 S — Registered No. 6
(c) City or ~~SPRINGFIELD~~ ~~Fair Grove~~ Mo. R#2. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 John R. G. McKenzie
(a) Residence, No. 252 Fair Grove, 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 (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Eliza Jane McKenzie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1863
7. AGE YEARS 76 MONTHS 2 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc. On farm
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) Mo.

FATHER
13. NAME Kenneth McKenzie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Sarah Ann Whitlock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Eliza J. McKenzie Fair Grove Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Comfort Cemetery DATE April 19 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Klingner Springfield Mo.
20. FILED Apr 18 1939 Allan Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15th 1939
22. I HEREBY CERTIFY, That I attended deceased from 4/13th 1939 to 4/15 1939
I last saw him alive on 4/13 1939. Death is said to have occurred on the date stated above, at 7:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
4/13/39 Arteria Sclerosis with Hypertension + apoplexy.	

Other contributory causes of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) C. E. Feller, M. D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wm Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield, O

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.