REC'D AUG 7 1939

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

24480
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 2693
(c) or City K.C. Mo. (d) Street No. 342 So. Mersington, K.C.Mo. 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 252 Sterling Price Mc Kinzie
(a) Residence, No. 342 South Mersington, K.C.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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2nd, 1861
7. AGE: YEARS 77 MONTHS 7 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
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): Missouri C

FATHER
13. NAME: Allen Mc Kinzie 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland 1

MOTHER
15. MAIDEN NAME: Sally Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga.

17. INFORMANT (ADDRESS): Mr. John E. Mc Kenzie
620 Van Brunt Blvd., K.C.Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE July 7th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mrs. C. L. Forster
918 Brooklyn Avenue, K.C.Mo.
20. FILED July 5, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 5th, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... Deputy Coroner
I last saw ..... alive ....., 19.... Death is said to have occurred on the date stated above, at 1; A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	
Old coronary occlusion	93c
Chronic myocardial infarction	94b

Other contributory causes of importance:
Acute pulmonary edema

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

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) Victor B. Bichler, M. D.
(Address) K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-9-19-38 1 X16605

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 Denzil Browning

Licensed Embalmer No. 27 24

P. O. Address 918 Brooklyn

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.