

REC'D SEP 12 1939

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

29896  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
 (b) Township Sedalia Primary Registration District No. 3032  
 (c) City Sedalia (d) Street No. Bothwell Hosp. Registered No. 240  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME THOMAS BRUCE MCKENZIE

(a) Residence, No. 510 West 6 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5th, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna McKenzie

22. I HEREBY CERTIFY, That I attended deceased from last 10 or 12 years to date, 19    

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29 1868

I last saw h. in alive on Aug 5, 1939 Death is said to have occurred on the date stated above, at 7a m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 5 6

The principal cause of death and related causes of importance were as follows:

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. A  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation 40

Acidic Nephritic (Chronic Nephritis)  
(Chronic Glomerular Nephritis)  
 Other contributory causes of importance: Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urbania Ill.

FATHER 13. NAME Daniel McKenzie  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Julia Maxwell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Mrs J. B. McKenzie Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Aug 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLoughlin Bros Sedalia

20. FILED 8-7- 1939 Mrs Harry Sneed (Local Registrar)

Name of operation none Date of       
 What test confirmed diagnosis? Truening there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury     , 19      
 Where did injury occur? none (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? No  
 If so, specify       
 (Signed) J. W. Pauline M.D., M. D.  
Sedalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 19 1941

DEC 23 1941

JAN 10 1947

JAN 10 1947

RECEIVED  
District Health Officer No. 8,  
District File Number 9/7/39  
Date Filed

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,

*Ralph E. Baker*

, or by

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

Signed

*Ralph E. Baker*

Licensed Embalmer No. *2419*

P. O. Address

*Sealed*

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

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