DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC'D OCT 10 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31851

State File No.

Registration District No. 73 Primary Registration District No. 5112 Registrar's No. 179

1. PLACE OF DEATH:

(a) County Boone 2

(b) ~~City or town~~ Columbia Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location)

(d) ~~Length of stay~~ ~~In hospital or institution~~ Columbia R.F.D. #6, (Specify whether

In this community Most Length of life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia Mo. R.F.D. 6

(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.? Most of life years.

3. (a) PRINT FULL NAME John A McKenzie.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W.

6. (a) ~~Single~~, widowed, married, ~~divorced~~ Widower

6. (b) Name of husband or wife Annie McKenzie

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 11 (Month) 24 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
73	9	7	hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business ✓

FATHER
12. Name John McKenzie
13. Birthplace Ireland? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~Don't Know~~
15. Birthplace Don't Know Elizabeth Logue (mother) (City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Ezra McKenzie

(b) Address 1224 - Askew K.C. Mo

17. (a) Burial (Burial, ~~[illegible]~~) (b) Date thereof 9-3-39 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Rochefort, Mo.

18. (a) Signature of funeral director W. H. Vandeventer

(b) Address Columbia, Mo.

19. (a) 9/2/39 (Date received local registrar) (b) Allie Selby 74 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1 year 1939 hour 11 minute 01 a.m.

21. I hereby certify that I attended the deceased from 6-29-39, 19__, to 9-1-, 1939; that I last saw him alive on 8-1-, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic — Duration several yrs.

Due to Do not know

Due to 93C

Other conditions (Include pregnancy within 3 months of death) No

Major findings: Of operations No

Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. Dysart (M. D. ~~[illegible]~~)

Address Columbia Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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 W. A. Vandeveer

Licensed Embalmer No. 2494

P. O. Address Columbia, Mo.

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

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