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

37283
Do not use this space.

MSD NOV 14 1939

1. PLACE OF DEATH
(a) County: Saline
(b) Township or (c) City: Arrow Rock,
Registration District No.: 792
Primary Registration District No.: 40-3-5
Registered No.:
(d) Street No.: Home in Arrow Rock, 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: 75 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Minnis H. McKinzie
(a) Residence, No.: Arrow Rock, Missouri 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: Joella McKinzie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15, 1878

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
62	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Grocery Man
9. Industry or business in which work was done, as saw mill, bank, etc.: Grocery Store
10. Date deceased last worked at this occupation (month and year): Oct. 17, 1939
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hutchison, Kansas

FATHER
13. NAME: Henry McKinzie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs Joella McKinzie
(ADDRESS): Arrow Rock Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Log-Chapel Cemetery DATE: Oct. 19, 1939

19. FUNERAL DIRECTOR (NAME): L. J. Steinter
(ADDRESS): Boonville Mo

20. FILED: Oct 25, 1939 C. L. Lawless
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1939 to Oct 18, 1939
I last saw him alive on Oct 15-30, 1939 Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance: N/A

Name of operation: ✓ Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No

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. L. Lawless, M. D.
(Address) Arrow Rock, 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.

X16605

RECEIVED
District Health Office No. 6
Bureau of Vital Statistics
Date Filed 11/7/39

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 me

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

working under my personal supervision.

Signed W M Ferguson

Licensed Embalmer No. 3350

P. O. Address Bivonville, 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.