

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

39178
 Do not use this space.

DEC 13 1939

1. PLACE OF DEATH 3
 (a) County Callaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 305
 or City Fulton
 (c) City Fulton (d) Street No. State Hosp. #1 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 James R. McKenzie
 (a) Residence, No. Boonville, mo 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

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/7/1860
 7. AGE YEARS 79 MONTHS 2 DAYS 14 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. Railroad Road Man
 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) Scotland 4
 13. NAME ? 9
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 9
 MOTHER 15. MAIDEN NAME ?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?
 17. INFORMANT (ADDRESS) Map. rec'd
 18. BURIAL, CREATION, OR REMOVAL PLACE Boonville DATE Nov 23 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stagner-Koenig
Boonville, mo
 20. FILED 11-21 1939 R. N. Crews
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/21 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1937 to Nov 21 1939
 I last saw him alive on Nov 20 1939 Death is said to have occurred on the date stated above, at 2:55 PM.
 The principal cause of death and related causes of importance were as follows:
Generalized arteriosclerosis
 Date of onset 97
 Other contributory causes of importance: Senile psychosis
 Name of operation no Date of ?
 What test confirmed diagnosis? ? 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? no
 If so, specify (Signed) John J. Bleske, M. D.
 (Address) Fulton, mo

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.....

James W. Stegner

Licensed Embalmer No. *3780*

P. O. Address *Boonville, 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.