

Registration District No. 318

Primary Registration District No. 2001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
2
6

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution 1711 W. Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo. 3 days
In this community 4 mo. 3 days
years, months or days

3. (a) PRINT FULL NAME JOHN WILLIAM MCKENZIE
3. (b) If veteran, name war NONE
3. (c) Social Security No. NO

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased January 21 1942
(Month) (Day) (Year)

8. AGE: Years 10 Months 4 Days 4
If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business Infant at home

12. Name John Lee McKenzie

13. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Maye Sims
15. Birthplace Stone Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Lee McKenzie
(b) Address Springfield Mo.

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof May 26 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Int Comfort Cem
18. (a) Signature of funeral director W. H. Haidley
(b) Address Springfield Missouri

19. (a) 5-26-42
(Date received local registrar)
(b) W. H. Haidley
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1711 W. Chestnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 25
year 1942 hour 13:35 minute A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease
Due to child was unattended by physician recently
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 15 17
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) _____ (e) Means of injury 0
23. Signature W. H. Haidley (M. D. or other)
Address Springfield Mo Date signed _____

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.....

Licensed Embalmer No. 4071

P. O. Address.....

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, fact should be so stated above.