

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

X32873

FILED MAP 11 1942
Registration District No. **19425**

Primary Registration District No. **3004**

Registrar's No. **15**

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

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Lamar**
(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..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton** **6**
(c) City or town **Lamar**
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Thomas Albert McKenzie**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Nov 30th, 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 9 hr. min.

9. Birthplace **Lamar, Missouri** 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name **Alva McKenzie**
13. Birthplace **Barton, CO, MO.** 0
(City, town, or county) (State or foreign country)
14. Maiden name **Florence Kellogg**
15. Birthplace **Lamar, MO.** 0
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Florence McKenzie**
(b) Address **Lamar, MO.**

17. (a) **Burial** (b) Date thereof **2-10-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lanthe Cemetery**

18. (a) Signature of funeral director **River Funeral Home**
(b) Address **Lamar, MO.**

19. (a) **2-10-43** (b) **Martha River**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb 8th** day.....
year **1943** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **February 1st**, 19**43** to **February 8**, 19**43**
that I last saw him alive on **February 7**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Branches. Pneumonia

Due to..... **Influenza**

Due to.....
Other conditions..... (Include pregnancy within 3 months of death) **330**

Major findings: Of operations.....
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.....
23. Signature **E E Duckert** (M. D. or other) **M.D.**
Address **Lamar, Mo** Date signed **2-10-43**

RECEIVED

District Health Officer No. 6,

District File Number 343-352

Date Filed MAR 10 1943

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 *R. W. D. [Signature]*
Licensed Embalmer No. 3141
P. O. Address *Lamar, 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, fact should be so stated above.