

FILED APR 7 1943

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. 408 East Marvin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Otis McKinzie

3. (b) If veteran, name war. 3. (c) Social Security No. 486-16-3868

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Hazel U. McKinzie 6. (c) Age of husband or wife if alive. 30 years

7. Birth date of deceased. June 24 1912
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>30</u> | <u>8</u> | <u>7</u> | hr. min. |

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

10. Usual occupation Mill Wright

11. Industry or business Lead Mines

12. Name James Monroe McKinzie

13. Birthplace Marquand Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Myram Tinnin

15. Birthplace Marquand Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel McKinzie

(b) Address Fredericktown, Missouri

17. (a) Burial (b) Date thereof 3-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marquand, Mo.

18. (a) Signature of funeral director Stanley A. Aifon
(b) Address Fredericktown, Mo.

19. (a) March 5, 1943 (b) S. A. S. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st, year 1943 hour 7: minute P. M.

21. I hereby certify that I attended the deceased from March 1, 1943 to March 1, 1943 that I last saw him alive on March 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Myocarditis unascertained
Severe attempt to commit

Duration
1 day
1 day
1 hour

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

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. M. DeLuca (M. D. or other) Dr.
Address Fredericktown, Mo. Date signed 3-5-43

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

62
1
1

RECEIVED

District Health Officer No. 4
District File Number 443-1993
Date Filed 4-6-43

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 Stanley A. Dixon
Licensed Embalmer No. 4193
P. O. Address: Fredericktown, 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.