

U.S. No. 2
M-9-4-41
5-17-38
PI 22

13515

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

MAY 11 1943
Registration District No.

Primary Registration District No. 3000

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 606 E. Randolph
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 43 years (Specify whether years, months or days)

In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(If outside city or town limits, write "RURAL")

(d) Street No. 606 E. Randolph
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mary O. McKenzie

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 43 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-1-42 to Apr. 29, 1942
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed

6. (b) Name of husband or wife Wm. E. McKenzie 6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year)

7. Birth date of deceased July 14 1851
(Month) (Day) (Year)

Immediate cause of death: cardiac hypertension Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 930

8. AGE: Years Months Days If less than one day

91 9 15 hr. min.

9. Birthplace Lorraine Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Domestic

12. Name Rawser Spicer

13. Birthplace DK Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Morian Tarr

15. Birthplace DK Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leola Shipp

(b) Address Triplett, Mo.

17. (a) Burial (b) Date thereof 5/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cent.

18. (a) Signature of funeral director Miss Funeral Home

(b) Address Kirkville, Mo.

19. (a) 5/4/43 (b) Mrs. J. L. Wagner
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature R. P. Egan (M. D. or other)

Address Kirkville, MO Date signed 5-7-43

(Licensed Embalmer's Statement on Reverse Side)

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

63

MOTHER FATHER

1079

RECEIVED

District Health Officer No. 10

District File Number 5-43-832

Date Filed MAY 10 1949

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 Geo B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Studdard 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.