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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 10 1943

Registration District No. 8

Primary Registration District No. 30-56-5120

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia (Rural Route)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 Years
years, months or days

3. (a) PRINT FULL NAME HENRY MCKENZIE

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Lora Ann 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 - 18 - 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name John McKenzie

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

14. Maiden name Matilda Logue

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

16. (a) Informant Mrs. George Merkel
(b) Address Route 2, Columbia, Mo.

17. (a) Burial (b) Date thereof 6-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg

18. (a) Signature of funeral director Parren Funeral Service
(b) Address Columbia, Mo.

19. (a) 6-2-43 (b) E. Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1943 hour 10:50 minute A. M.

21. I hereby certify that I attended the deceased from March 14, 1940, to June 1, 1943
that I last saw him alive on May 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease
Duration years

Due to Probably carcinoma (gastro)
Due to _____

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations none
Of autopsy none

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 E. Edna H. Barber (M. D. or other) _____
Address Columbia Date signed 6-2-43

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. *413*

P. O. Address *Columbia, 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.