

22654

State File No. _____
Registrar's No. 1021

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

No. 2
5-42
5-17-39
1 X22873

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

Registration District No. 360 Primary Registration District No. 6225

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 yrs 7 mos 24 days
(Specify whether) _____
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108
(a) State Mo (b) County Jasper
(c) City or town Joplin, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer McKinzie
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 29th
year 1943 11 hour 30 minute P. M.
21. I hereby certify that I attended the deceased from Sept
1st 1939, to June 29th 1943
that I last saw him alive on June 27th 1943
and that death occurred on the date and hour stated above.

4. Sex Male 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 July 20th 1916
(Month) (Day) (Year)

Immediate cause of death _____
Asphyxia
Due to Obstruction of Trachea &
a piece of meat
Other conditions (include pregnancy within 3 months of death) _____
1958
1999

8. AGE: Years Months Days If less than one day
26 11 9 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____
12. Name Frank McKinzie
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Florence Widner
15. Birthplace Mo
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy Asphyxia & meat obstructing & ruptured
trachea. Congestion all organs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant State Hospital Records
(b) Address Nevada, Mo
17. (a) Buried (b) Date thereof 7-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cemetery
18. (a) Signature of funeral director Edwin J. ...
(b) Address Nevada, Mo
19. (a) 7-1-43 (b) Angel B. Burch
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 108
(b) Date of occurrence June 29th 1943
(c) Where did injury occur? State Hospital Vernon Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hospital No 3 Nevada Mo
(Specify type of place) (e) Means of injury 1 piece of meat
While at work? _____
23. Signature G.S. Warwick (M. D. or other) _____
Address Nevada Date signed 6/29/43

RECEIVED
District Health Officer No. 7,
District File Number 6-43-65-3
Date Filed 7-8-43

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, MQ

....., Registered Apprentice No.
working under my personal supervision.

Signed Mike Feuz

Licensed Embalmer No. 1432

P. O. Address. Nevada 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.