

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30829

State File No.

4023

FILED OCT 13 1943

Registration District No.

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-13-43-9-14-43
(Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1414 Garfield
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME GERTRUDE MCKENZIE

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

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

6. (b) Name of husband or wife Walter McKenzie 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased January 26 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 19 hr. min.

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

10. Usual occupation unemployed

11. Industry or business

MOTHER FATHER { 12. Name Solomon Banks
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Campbell
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 9/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Nathaniel Bros
(b) Address 1729 Lydia Ave.

19. (a) 9-20-43 (b) T. E. Brown Dy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14
year 1943 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from
August 13, 1943 to September 14, 1943
that I last saw her alive on September 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Essential Hypertension

Due to 830'
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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) (c) Means of injury
23. Signature T. E. Brown (M. D. or other)
Address Gen. Hosp #2 - 600 E. 22 Date signed 9-16-43

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

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

Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

2503 Highland

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.