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

1. PLACE OF DEATH:
 (a) County Oregon
 (b) City or town Thayer
(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 30 years
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Alexander McKenzie
 (b) If veteran, name war --
 (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 5
 year 1944 hour 4 minute 30 P. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonora Watson
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 13 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 1944 to Jan 4 1944
 that I last saw him alive on Jan 4 1944
 and that death occurred on the date and hour stated above.

8. AGE:
 Years 70 Months 7 Days 17
 If less than one day hr. min.

Immediate cause of death Acute Myocardial Infarction
 Duration 2 days

9. Birthplace Ironton Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Salesman

Due to Myocardial Heart Disease
Chronic Prostatitis
 Due to

11. Industry or business

MOTHER {
12. Name Henry McKenzie
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Other conditions 137a
(Include pregnancy within 3 months of death)

16. (a) Informant Leonora McKenzie
(b) Address Thayer, Mo.
17. (a) Burial Burial **(b) Date thereof** 1/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings: 137a
 Of operations

Of autopsy

(c) Place: burial or cremation Thayer Cem.
18. (a) Signature of funeral director Lee Carr
(b) Address Thayer, Mo.
19. (a) 2-5-44 **(b) Jae D. Williams**
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

23. Signature Jae D. Williams (M. D. or other) MD
 Address Thayer, Mo. Date signed 2-2-44

RECEIVED

District Health Officer No. 5
District File Number. 244128
Date Filed 2. 10. 44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.