

S. No. 2
DM-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14787**
Registrar's No. **26**

FILED MAY 12 1944

Registration District No. **740** Primary Registration District No. **5544**

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

1. PLACE OF DEATH:
(a) County **Howard**
(b) City or town **Fayette "Rural" Benton Twp**
(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. (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County **Howard,** 4
(c) City or town **Fayette "Rural" Benton Twp,**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mahalie Jane Mc Kinzie,**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Marion Mc Kinzie,** 6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **January 24th 1865**
(Month) (Day) (Year)

8. AGE: **79** Years **2** Months **28** Days If less than one day hr. min.

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

10. Usual occupation **At Home,**

11. Industry or business
12. Name **James Premases,**
13. Birthplace **Kentucky,** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Skinner,**
15. Birthplace **Kentucky,** (City, town, or county) (State or foreign country)

16. (a) Informant **Marion Mc Kinzie,**
(b) Address **Fayette, Mo.**

17. (a) **Burial** (b) Date thereof **04-24th 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **Guy T. Halley.**
(b) Address **Fayette, Mo.**

19. (a) **4-26-1944** (b) **Conrad McWilliam**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22** year **1944** hour **8** minute **2** M.
21. I hereby certify that I attended the deceased from **4-10** to **4-22** 19**44** that I last saw her alive on **4-21** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **2 days**
Chronic Nephritis
Due to **Cardio-Vascular** Duration **2 yrs**
Renal disease
Due to _____

Other conditions (include pregnancy within 3 months of death)
Major findings: **12/1a** PHYSICIAN
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) (e) Means of injury _____
23. Signature **W. Bloom** (M. D. or other) **mix**
Fayette, MO Date signed **4-22-44**

1321

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-5-44

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. 2966

P. O. Address Jayville 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.