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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20742

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2624

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: 4816 E 27 St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 8

(d) Street No. 4816 E-27 St (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Edna Irene McKenzie

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James R. McKenzie

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec (Month) 19 (Day) 1883 (Year)

8. AGE: Years 60 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Wm Baldwin
13. Birthplace (City, town, or county) Pa (State or foreign country)

MOTHER
14. Maiden name Ada Carpenter
15. Birthplace (City, town, or county) Michigan (State or foreign country)

16. (a) Informant Jas R. McKenzie

(b) Address 4816 E-27 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 44 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs C L Forster

(b) Address 918 Brooklyn

19. (a) 6.22.44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1944 hour 5 minute 10 P M.

21. I hereby certify that I attended the deceased from June 13, 1944, to June 20, 1944 that I last saw her alive on June 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio Sclerosis

Due to —

Due to

Other conditions none 97 (Include pregnancy within 3 months of death)

Major findings: —
Of operations

Of autopsy no

Duration

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) no

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J W Calhitain (M. D. or other)

Address Kansas City Mo Date signed June 1944

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(Licensed Embalmer's Statement on Reverse Side)

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: Theron A. Redman

Licensed Embalmer No. 2739

P. O. Address: K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.