

FILED AUG 21 1944

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 88

61
3
2

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

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Samaritan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 (Specify whether
In this community Macon, Missouri
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58
(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 328 E Robard
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME CLAUDE GEORGE MCKENZIE

3. (b) If veteran, name war
3. (c) Social Security No.

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

6. (b) Name of husband or wife Anna M-Kenzie 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan-14-1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation R.R. Engineer

11. Industry or business

12. Name W.M. McKenzie

13. Birthplace Pa
(City, town, or county) (State or foreign country)

14. Maiden name Mae Harmon

15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant W.M. McKenzie

(b) Address Brookfield Mo.

17. (a) Burial (b) Date thereof Aug-12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Hill Funeral Home

(b) Address Brookfield Mo.

19. (a) 8/11/44 (b) Jora B. Kunkle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1944 hour 3:00 minute PM

21. I hereby certify that I attended the deceased from Aug 9 1944 to Aug 10 1944
that I last saw him alive on Aug 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Extensive lacerations left arm and legs exterior surface burned

Due to Railroad accident caught under turned over engine

Other conditions (Include pregnancy within 3 months of death) 19.4

Major findings: Of operations 1630

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 9 1944

(c) Where did injury occur? Shelbina Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On C.B. & Q. RR 1/2 mile east of Shelbina

While at work? Yes (e) Means of injury

23. Signature J.P. Emmons (M. D. or other)
Address Macon Mo Date signed 8/11/44

Duration

2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

85
2/44

1037

AUG 23 1944

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..... *J. H. Blacklock*
Licensed Embalmer No. *2246*
P. O. Address. *Brookfield 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.