

FILED DEC 21 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 3016

Registrar's No. 267

1. PLACE OF DEATH:

(a) County. Cole
(b) City or town. Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
311 Jackson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74 years (Specify whether years, months or days)
In this community 74 years

3. (a) PRINT FULL NAME

Bailey Peyton McKenzie

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex. Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased. March (Month) 26 (Day) 1871 (Year)

8. AGE: Years 74 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation. Retired Laborer

11. Industry or business.

12. Name. James B. McKenzie
13. Birthplace. Cole County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name. Mary Jane Sone
15. Birthplace. Cole County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant. Edna M. Miken
(b) Address. Jefferson City, Missouri

17. (a) Burial (b) Date thereof. Dec-2-1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. River View Cemetery

18. (a) Signature of funeral director. W. J. Gordin
(b) Address. Jefferson City, Missouri

19. (a) 12-1-45 (b) R. C. Harris MD (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cole 26
(c) City or town. Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Jackson Street 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1945 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 28 to Nov 30, 1945
that I last saw him alive on Nov 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death. Paradoxical Vascular Duration 10 yrs
(Paradoxical Asthma) 20 yrs
Due to

Other conditions. 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations. 950
Of autopsy. 950
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).....
(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. R. C. Harris MD (M. D. or other) MD
Address. Jefferson City, Mo. Date signed 12-1-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-18-45

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 Fred P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.