

FILED DEC 29 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 30564440

Registrar's No. 218

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Renick
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Renick
(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 Julia McKenzie
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 9
 year 1945 hour _____ minute 35 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife James P. McKenzie
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 9 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19 1945 to Nov 8 1945
 that I last saw her alive on Nov 8 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 4 Days 0
 If less than one day hr. _____ min. _____

Immediate cause of death Bronchial pneumonia following fever
 Duration 5 days

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

Due to _____
 Due to _____
 Other conditions myocardial infarction
(Include pregnancy within 3 months of death)

10. Usual occupation At home

Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business
 12. Name William Bourgnan
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name no data
 15. Birthplace _____
(City, town, or county) (State or foreign country)

PHYSICIAN

 Underline the cause to which death should be charged statistically.
101

16. (a) Informant James P. McKenzie
 (b) Address Renick, Mo

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? _____

17. (a) Burial (b) Date thereof Nov. 11 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moberly, Mo

While at work? _____
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Moberly Mo
 (b) Address Moberly Mo
 19. (a) Nov 11-45 (b) Beal Williams
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address Moberly Mo Date signed 11-11-45

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

38
0
0

1601

RECEIVED

District Health Officer No. 10

District File Number 12-45-1896

Date Filed DEC 20 1945

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 Frank S. D. Nutt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.