DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13259

FILED MAY 13 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1988

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: General Hospital #1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 43 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2702 Raytown Rd 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES R. MCKENZIE
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Edna Irene McKenzie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 15 1885 (Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Filling Station Operator
11. Industry or business Fort Self -
FATHER 12. Name John McKenzie
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Abbott
15. Birthplace Md - O (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Cady Beaton
(b) Address 2505 Indiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem
18. (a) Signature of funeral director Wm. C. R. Forster
(b) Address 918 Brooklyn
19. (a) 4-30-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 2 minute P M.
21. I hereby certify that I attended the deceased from April 25, 1946, to April 28, 1946; that I last saw him alive on April 28, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple cysts of lungs (not hydatid) (non-malignant, non T.B.)	
Due to: gangrene of lungs.	
Due to: arteriosclerotic change	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 114c
Of autopsy As above

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

23. Signature Wm W. Hard (M. D. or other) MD
Address Gen. Hosp. #1 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

U. S. No. 2
0M—5-43
ev. 5-17-39
o I X36671

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 Cortland V. Munson

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.