

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17338
Registrar's No. 6

FILED JUN 24 1946
1946 9 00

Primary Registration District No. 5720

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural Liberty Township
(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
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County macon 61
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23
year 1946 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 29,
1946 to May 22, 1946
that I last saw her alive on May 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Chronic Nephritis
Due to Chronic Myocarditis

Other conditions Arteriosclerosis, and 2 weeks
(Include pregnancy within 3 months of death)
following cerebral

Major findings:
Of operations _____
Of autopsy 1312
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)
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 2

23. Signature Ed. Madson (M. D. or other) Ed.
Address Macon, Mo. Date signed 5/29/46

3. (a) PRINT FULL NAME Anna Margaret McKenzie

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John H. McKenzie 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 10 (Month) 27 (Day) 1873 (Year)

8. AGE: Years 72 Months 7 Days 13 If less than one day hr. min. 0

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

10. Usual occupation Home wife

11. Industry or business _____

MOTHER FATHER
12. Name Henry Fisher
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name Rose - Anna Bonkowski
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant John H. McKenzie
(b) Address Bevin mo P.R.1

17. (a) Final (Burial, cremation, or removal) (b) Date thereof 5 25 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Bloomington Cemetery

18. (a) Signature of funeral director W. Edwards

(b) Address Bevin mo

19. (a) Jesse L. Rowland (b) Winnie L. Rowland (Registrar's signature)
(Date received local registrar)

185 (Licensed Embalmer's Statement on Reverse Side)

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

16219

XI

RECEIVED

District Health Officer No. 10

District File Number 6-46-1180

Date Filed JUN 13 1946

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

H. Y. Edwards

Licensed Embalmer No. 1961

P. O. Address Brewer, 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.