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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22508

State File No.

Registration District No. 358 Primary Registration District No. 4524 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Walker (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)

In this community ✓

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Vernon

(c) City or town Walker (If outside city or town limits, write "RURAL") 0

(d) Street No. ✓ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME MAURICE EDWARD McKENZIE

3. (b) If veteran, name war No

3. (c) Social Security No. 702102766

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vera Ethel McKenzie

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 15 (Day) 1907 (Year)

8. AGE: Years 39 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Rockport (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Railway Section Foreman

11. Industry or business

FATHER 12. Name Edward C. McKenzie

13. Birthplace Fayette Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name Bally Platt

15. Birthplace Henry Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Vera Ethel McKenzie

(b) Address Walker, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery Nevada Mo.

18. (a) Signature of funeral director Allen E. Hays

(b) Address Nevada Mo.

19. (a) June 12-46 (Date received local registrar) (b) Mrs Sarah E. Grey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 46 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulation by ligature	
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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) Suicide

(b) Date of occurrence June 10, 1946

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo. 3 (Specify type of place)

While at work? ✓ (e) Means of injury Strangulation

23. Signature Marsh Eichinger (M.D. or other) Coroner

Address Nevada Mo. Date signed 6/11/46

329 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED [illegible]
District Health Officer No. 7,
District File Number 6-46-690
Date Filed 7-9-46

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 Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.