

S. No. 2  
M-543  
7-5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27240  
Registrar's No. 3741

FILED SEP 1 1946  
Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kanson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3429-E-7th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 yrs (Specify whether years, months or days)

In this community 23 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 3429-E-7th  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NORMAN MCKENZIE

3. (b) If veteran, name war no

3. (c) Social Security No. 487-03-835

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Sadie McKenzie

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 12-13-1883  
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Carbon Hill Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name John B. McKenzie

13. Birthplace Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Murphy

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sadie McKenzie

(b) Address 3429-E-7th

17. (a) Buried (b) Date thereof 9-2-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J.P. Steel

(b) Address 1100 1/2 E 1st

19. (a) 8-31-46 (b) Thelma Holmes  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30  
year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Aug 27 1946 to Aug 30 1946  
that I last saw him alive on Aug 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocard Regurg Duration 1 yr

Due to Hypertension 3 yr

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 928

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 R.L. Clark (M. D. or other) \_\_\_\_\_  
Address 5242 E 1st Date signed 8/31/46

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**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 J. P. Sheil  
Licensed Embalmer No. 3625  
P. O. Address 19, C 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.**