

No. 2  
-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

598

State File No. \_\_\_\_\_

FILED JAN 29 1947

Registration District No. \_\_\_\_\_  
Primary Registration District No. 3016

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2-3 months  
In this community 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole 24  
(c) City or town Jefferson City 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 203 Pine St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Archibold P. McKenzie

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

4. Sex OM. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. D.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 16th. 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 5 4 hr. min.

9. Birthplace St. Louis Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant - U.C.C.

11. Industry or business Compensation Dept.

12. Name JAMES McKenzie

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

14. Maiden name Ellen Fox  
(City, town, or county) (State or foreign country)

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Crowley

(b) Address 3022 BRANTNER PI.

17. (a) BURIAL (b) Date thereof 1-23-47  
(Burial, entombment, removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAVARY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lincoln Blvd.

19. (a) 1-20-47 (b) R. P. Harris M.D. JR.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 20th.  
year 1947 hour \_\_\_\_\_ minute 30 A. M.

21. I hereby certify that I attended the deceased from June 10, 1946, to January 20, 1947.  
that I last saw him alive on January 19, 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung and bones  
Due to Carcinoma of prostate gland  
Other conditions \_\_\_\_\_  
(Include pregnancy within 6 months of death)  
Major findings: Of operations 51B  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

23. Signature J. B. [unclear] (M. D. or other) MD.  
Address Jefferson City, Mo. Date signed 1-20-47

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

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4

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Date Filed ~~JAN 27 1947~~

District File Number

District Health Officer No. 9,

RECEIVED

MAR 1 9 1947

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 *W H Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.