

1. PLACE OF DEATH:

(a) County SCOTLAND  
(b) City or town RURAL UNION  
(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 MO (b) County SCOTLAND  
(c) City or town RURAL UNION (If outside city or town limits, write "RURAL")  
(d) Street No. TOWNSHIP (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JULIA ETTA ELIZABETH MCKENZIE

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife ROD MCKENZIE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years 63 Months 3 Days 4 If less than one day hr. min.

9. Birthplace SCUYLER Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

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

12. Name GEORGE WESTHOFF

13. Birthplace SCUYLER Co. MO (City, town, or county) (State or foreign country)

14. Maiden name MARY COLLINS

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

16. (a) Informant Mrs. John Paul Russell (b) Address Springfield MO

17. (a) BURIAL (b) Date thereof 1-19-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMPHIS CEMETERY

18. (a) Signature of funeral director N. Waynes Sons (b) Address Memphis, Mo.

19. (a) Jan 25-47 Mrs. E. E. Parrish (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 17 year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 24 1946 to Jan 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to coronary artery disease 7 years

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations: 949 Of autopsy: \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature E. E. Shillineau D. or other 44 12 Address 12 Brownfield, Mo. Date signed 1-21-47

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

9

99

0

0

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Office No. 10  
2-47-232  
FEB - 5 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 Neal Payne  
Licensed Embalmer No. 2550  
P. O. Address Memphis, 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.**