

FILED JUL 1 1947

Registration District No. 274

Primary Registration District No. 5929

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 3 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Asa Thomas McKinzie

3. (b) If veteran, name war _____

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1947 hour 6 minute 7 P. M.

21. I hereby certify that I attended the deceased from June 22 1947, to June 22 1947,
that I last saw him alive on June 22 1947,
and that death occurred on the date and hour stated above.

4. Sex M Color or race W

5. Color or race W

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

6. (b) Name of husband or wife Leota Duke

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov 5 1869
(Month) (Day) (Year)

Immediate cause of death Gun shot

Due to Suicide

Due to _____

Other conditions _____
*(Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 7 Days 17
If less than one day _____ hr. _____ min.

Duration _____

9. Birthplace Benton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Asa McKinzie

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

14. Maiden name Mary Elizabeth Means

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. C. L. McKinzie

(b) Address Houstonia Mo

17. (a) burial (b) Date thereof June 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houstonia Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence June 22 1947

(c) Where did injury occur Home Pettis - Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

18. (a) Signature of funeral director Wheatbrook

(b) Address Houstonia Mo

19. (a) 6-28-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

23. Signature C. L. Parkhurst (M. D. or nurse) M.D.

Address June 24 - 1947 Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-9-47

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. Smiley

Licensed Embalmer No. 3287

P. O. Address Houston, 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.