V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1948

Registration District No. 1089

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41794

Primary Registration District No. 1002

Registrar's No. 5460

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1110 Michigan
(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 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1110 Michigan (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Infant McKinzie
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased December (Month) 22 (Day) 1947 (Year)
8. AGE: Years ____ Months ____ Days 3 days If less than one day ____ hr. ____ min.
9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation none
11. Industry or business ____
MOTHER FATHER
12. Name Eugene D. McKinzie
13. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mary E. Bledsoe
15. Birthplace Coffeyville (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Mary E. McKinzie
(b) Address 1110 Michigan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director E. Sterling Bales
(b) Address 1212 Vine St. Kansas City, Mo
19. (a) 12-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1947 hour 11 minute a. M.
21. I hereby certify that I attended the deceased from Dec. 20, 1947 to Dec 22, 1947 that I last saw he alive on Dec 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchial Pneumonia
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
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 Leo. Bookin (M. D. or other)
Address 2028 Vine Date signed 12/24/47

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212 Pine KC 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.