

S. No. 2  
M-1/47  
7-5-17-39

National Office of Vital Statistics

**FILED FEB 6 1949**

Registration District No. **327**

Primary Registration District No. **4528**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Maundville  
(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 Missouri (b) County Vernon

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

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

3. (a) PRINT FULL NAME William W. McKenzie

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 13 1948 to Jan. 14 1948 that I last saw him alive on Jan. 14 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

4. Sex M 5. Color of race W

6. (a) Single married, \_\_\_\_\_

6. (b) Name of husband or wife Eileen 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 12 1872  
(Month) (Day) (Year)

Due to Coronary Sclerosis 10 yrs.

Due to Coronary Embolism (Unmed. rate)

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

8. AGE: Years Months Days If less than one day

75 4 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jasper Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

MOTHER FATHER

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

12. Name John L. McKenzie

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

14. Maiden name Margaret Neeshack

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

16. (a) Informant Ben McKenzie

(b) Address Maundville, Mo.

17. (a) Burial (b) Date thereof Jan 25 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist Cemetery

18. (a) Signature of funeral director Ferny Funeral Home

(b) Address Terada, Missouri

19. (a) Jan 25 1948 (b) Mrs. Ruth Smith  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature M. H. Kneeland (M. D. or other) DO.

Address Liberal, Mo. Date signed 1-24-48

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

RECEIVED  
District Health Officer No. 71  
District File Number 1-48-30  
Date Filed R.F.F.

FFR 91 1948

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 W.C.

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Mike E. Ferry  
Licensed Embalmer No. 1432  
P. O. Address Nevada 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.