6. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1948

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4953

Registrar's No. 633

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: Park Lane Hotel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)

In this community: 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: Park Lane Hotel 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Annie E. McKenzie

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Alexander McKenzie

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

7. Birth date of deceased: August (Month) 4 (Day) 1857 (Year)

8. AGE: Years 90 Months 6 Days 4 If less than one day hr. min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: Abram Schell
13. Birthplace: unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown,
15. Birthplace: unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Diana Ferguson
(b) Address: 2030 W. 39th, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 year 1948 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 11/7/33, 19..., to 2/8/, 1948; that I last saw h... alive on 2/8/, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
senescence	
Due to: senility	
Due to: Hypertensive heart disease "stroke" Rt. sided hemiplegia 1942	
Other conditions (Include pregnancy within 3 months of death): Generalized arteriosclerosis	

Major findings:
Of operations: None 93 d
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)

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

23. Signature: J. Q. Chambers (M. D. or other) M. D.
Address: 1103 Grand Ave K.C., Mo Date signed: 2/9/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. Q. Chambers

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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 J Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address R C 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.