No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11160

FILED APR 6 1948

Registration District No. 9

Primary Registration District No. 4469

Registrar's No. 22

1. PLACE OF DEATH:
(a) County Ste. Genevieve
(b) City or town Ste Genevieve
(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 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois 94
(c) City or town Farmington, 4
(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 ~~Francis Victona Baird~~ FRANCES VICTORIA MC KENZIE
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 W 2
6. (b) Name of husband or wife Asa B. Mc. Kenzie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 5 (Day) 1859 (Year)

8. AGE: Years 88 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Oston Texas
(City, town, or county) (State or foreign country)
10. Usual occupation Home Maker
11. Industry or business
FATHER
12. Name Milton Baird
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nansy Lee
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Henry Mell
(b) Address Farmington, Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof April, 1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Ville
18. (a) Signature of funeral director Cozean Funeral Home
(b) Address Farmington, Mo.
19. (a) 4-2-48 (Date received local registrar) (b) Teresa M Karl (Registrar's signature) 350

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1948 hour 10 minute 1 a.M.

21. I hereby certify that I attended the deceased from March 1, 1948, to March 30, 1948
that I last saw h. E.R. alive on March 28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3/27/48
Due to Generalized arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

830

PHYSICIAN
Underline the cause of 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 R. C. Lanning (M. D. ~~or other~~) 3/30/48
Address Ste. Genevieve Mo. Date signed

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 448-436
Date Filed 4-5-48

MAY 11 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.....
..... Registered Apprentice No.....,
working under my personal supervision.

Signed C A Cozza

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.

No. 2B
1—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 22

1. PLACE OF DEATH:

(a) County St Genevieve

(b) City or town St Genevieve
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Frances U. 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 Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar. 5 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Apr. 2-48 (Date received local registrar) (b) Teresa M. Karll (Deputy registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 30 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-11160