

STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics
FILED AUG 2 1948

State File No. 22306

Registration District No. 42

Primary Registration District No. 5132

Registrar's No. 798

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town Rural, Wayne Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. # 1, Halls, Mo. (home)
 (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) Lifetime

3. (a) PRINT FULL NAME IDA JANE MCKINZIE

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Morgan R. 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased December 8, 1882
 (Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 19 If less than one day
 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name James Matthews

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

14. Maiden name Frances Hise

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

16. (a) Informant Morgan R. McKinzie (hus)

(b) Address Halls, Missouri

17. (a) Burial (b) Date thereof 7/31/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Pryor Ave. City

19. (a) 7-29-48 (b) 6.6 Jenkins
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town Halls, (rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Wayne Township
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27,
 year 1948 hour 2 minute :00 A.M.

21. I hereby certify that I attended the deceased from Nov 8, 1947 July 19, 1948
 that I last saw her alive on July 19, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Centric fibrillation Duration 2 min.

Due to Arteriosclerotic heart disease 1 year

Due to _____

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

Major findings: Of operations _____

Of autopsy 932

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature H. W. Clark (M. D. _____)

Address 706 Francis Date signed 7/28/48

St. Joseph, Mo.

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.....

Grandal R. Stabe

Registered Apprentice No. *213*

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.