S. No. 2
M—1/47
5-17-39

68

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 8 1949

Registration District No. 224

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40835

Primary Registration District No. 3046

Registrar's No. 71

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

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cora Ave Box 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 68
(a) State Missouri (b) County Moniteau
(c) City or town California, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Cora Ave Box 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME China Angeline McKenzie
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec (Month) 6 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	21	..... hr. ..... min.

9. Birthplace Moniteau Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Robert Perttet
13. Birthplace (City, town, or county) Penn (State or foreign country)
MOTHER
14. Maiden name Lucie Enlow
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mae McKenzie Roland
(b) Address California Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/1948 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemt. California
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo
19. (a) 12-28-48 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1948 hour 3/40 minute P.M.

21. I hereby certify that I attended the deceased from Sept 3, 1947, to Dec 27, 1948; that I last saw her alive on Dec 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 days
Due to: Generalized arteriosclerosis	3 years
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 Kenyon Latham (M. D. or other)
Address California, Mo. Date signed 12-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number JAN 6 1949
Date Filed

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 James M. Foley Registered Apprentice No. 219 working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, 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.