5. No. 300
. 10.48

3008

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1952

State File No. 8469

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1271

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Kansas
b. COUNTY: Miami
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osawatomie 4 150
d. STREET ADDRESS (If rural, give location): 721 Pacific St. 8

3. NAME OF DECEASED (Type or Print)
a. (First): CONRAD
b. (Middle):
c. (Last): McKENZIE

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 7, 1878
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Pumper
10b. KIND OF BUSINESS OR INDUSTRY: Mo. Pac. RR
11. BIRTHPLACE (City and State or Foreign Country): Piqua, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John McKenzie
13b. MOTHER'S MAIDEN NAME: Maggie Skeeters
14. NAME OF HUSBAND OR WIFE: Anna McKenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-18-1809
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ada Lansing, Osawatomie, Ks.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) pneumonia lobar — unknown
DUE TO (c) — not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic cor pulmonale

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 19 52, *to* March 17, 19 52, *that I last saw the deceased alive on* March 17, 19 52, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Castles MD (Degree or title) M. D.
23b. ADDRESS: 1002 Argyle Building Kansas City, Missouri
23c. DATE SIGNED: 3/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/18/52
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Osawatomie, Kansas

DATE REC'D BY LOCAL REG.: 3-18-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STINE & McCLURE, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. [illegible] E. [illegible]
Argyle Bldg.
1-30 Ga. 5037

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed S. J. Allen

Licensed Embalmer No. 1415

P. O. Address K. 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.