Health, Welfare Public Service

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FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1331

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 725 E 72nd. — Length of stay in lb 50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 725 ~~325~~ E. 72nd. St. (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First William Middle J. Last McKenzie

4. DATE OF DEATH Month Jan. Day 9, Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH Feb. 15, 1879

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY Tel Office

11. BIRTHPLACE (City and state or country) Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John McKenzie

13b. MOTHER'S MAIDEN NAME Catherine Burns

14. NAME OF HUSBAND OR WIFE Mina 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. 495-03-8495

17. INFORMANT Mrs Edwin J. Barnes Address -725 E. 72Nd St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterial sclerosis — Many years
DUE TO (c) 331 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from December, 18, 1957, to January, 9, 58 and last saw her/him alive on January, 9, 1958
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE V. W. Harned (Degree or title) MD

22b. ADDRESS 402 Wirthman Bldg

22c. DATE SIGNED 1-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE Jan 12, 1958

23c. NAME OF CEMETERY OR CREMATORY Oakdale Memorial Pk C.

23d. LOCATION (City, town, or county) Glendora, Calif. (State)

24. FUNERAL DIRECTOR Mellody McGilley Eylar **ADDRESS** 1800 Lin. Kan City, Mo.

25. DATE RECD. BY LOCAL REG. 1-11-58

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

V. W. Harned

Dr V. W. Harned
31st & Troost
Northman Bldg
L 0-1-1207

11 A.M. 4:30

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 .....
Signature of Student Embalmer

Signed Archie Eugene Hoch

Licensed Embalmer No. 4912

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.