

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 72 NOV 20 Primary Registration District No. 5037 Registrar's No. 59

1. PLACE OF DEATH:  
(a) County Andrew  
(b) City or town Bush  
(c) Name of hospital or institution: Wilson Township  
(If outside city or town limits, write "RURAL" and name of township)  
If not in hospital or institution, write street number or location  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days 91

3. (a) PRINT FULL NAME WILLIAM O. MCKENZIE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Margaret McKenzie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased (Month) 6 (Day) 12 (Year) 1858

8. AGE: Years 81 Months 3 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer retired

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name John McKenzie  
13. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Leah Newberry  
15. Birthplace Clarksville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. M. McKenzie  
(b) Address Centuria Mo

17. (a) Victory Grove (b) Date thereof 9 25 1939  
(Place of interment, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Victory Grove Church

18. (a) Signature of funeral director M. McDonald  
(b) Address Centuria Mo

19. (a) 9/25/1939 (b) F. H. Borden, MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Andrew  
(c) City or town Wilson Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24  
year 1939 hour 3:00 P.M.  
21. I hereby certify that I attended the deceased from Sept 16, 1939, 1939 to Sept 24, 1939, 1939  
that I last saw him alive on Sept 24, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System Duration 9/16  
Due to Senility  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. M. McKenzie (M. D. or other) \_\_\_\_\_  
Address Centuria Mo Date signed 9/25

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**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 *W. D. Woodward*  
Licensed Embalmer No. *2589*  
P. O. Address *Centralia 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, above space should be left blank.**