

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

REV. 5-17-35 1 X19511

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42998

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 154

1. PLACE OF DEATH: *9*

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

3. (c) PRINT FULL NAME Nellie Turner McKenzie

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race M. 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Old McKenzie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 16 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months - Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Nellie Turner

13. Birthplace Carrollton Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Price

15. Birthplace Carrollton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Old McKenzie

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 12-26-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation African Oak Hill Cem

18. (a) Signature of funeral director Mullis-Marshall

(b) Address Carrollton Mo. 135

19. (a) 12127-39 (b) W. H. Haskins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Carrollton Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 302 East 2nd St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1939 hour 12 minute 0 P. M.

21. I hereby certify that I attended the deceased from 12-12-39
_____ 19____ to 12-22 1939
that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Angina

Due to Pectoris

Due to _____

Other conditions 94h
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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. H. Atwood (M. D. or other) 1

Address Carrollton Mo. Date signed 12/26/39

RECEIVED
District Health Officer No. 8,
District File Number 119/40
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.....
....., Registered Apprentice No. me
working under my personal supervision.

Signed R. M. Marshall
Licensed Embalmer No. 2985
P. O. Address Camille, 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.