

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 159

## 1. PLACE OF DEATH:

(a) County Andrain  
 (b) City or town Mexico Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Andrain Co. Hospital  
 (If not in hospital or institution, write street number or local bus)  
 (d) Length of stay: In hospital or institution 9 days  
 (Specify whether years, months or days)  
 In this community 9 days

3. (a) PRINT FULL NAME EDWARD Mc KENZIE3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Myrtle Mc Kenzie 6. (c) Age of husband or wife if alive 57 yrs7. Birth date of deceased April 30 1875  
(Month) (Day) (Year)8. AGE: Years 66 Months 4 Days 23 If less than one day hr. min.9. Birthplace Sturgon Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Butcher11. Industry or business Grocery Business12. Name Rowland McKenzie13. Birthplace near Sturgon Mo  
(City, town, or county) (State or foreign country)14. Maiden name Myrtle McKenzie15. Birthplace near Sturgon Mo  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Myrtle McKenzie(b) Address Highhill Mo17. (a) removal (b) Date thereof 9-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highhill Mo18. (a) Signature of funeral director Harshaw(b) Address Marion City Mo19. (a) Sept-23-1941 (b) Frank Kelly  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wentworth  
 (c) City or town Highhill Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 1  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23  
year 1941 hour 10 minute 17 M.21. I hereby certify that I attended the deceased from Aug 15  
1941 to Sept 23 1941  
that I last saw him alive on Sept 23 1941  
and that death occurred on the date and hour stated above.Immediate cause of death Multiple abscesses of both kidneys  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_Other conditions Abscess of prostate  
(Include pregnancy within 3 months of death)  
+ seminal vesiclesMajor findings: 11  
Of operations \_\_\_\_\_Of autopsy Multiple abscesses of both kidneys22. 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)  
(a) Means of injury \_\_\_\_\_23. Signature Frank Kelly (M. D. or other) D  
Address Mexico Mo Date signed 9/23/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 10-44-1925

Date Filed OCT 24 1941

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 Joseph A Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery City

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 54198

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. ....

1. PLACE OF DEATH

(a) County Andrain  
(b) City or town Mexico  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward 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 m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr 30 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 3 If less than one day min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) 12-8-41 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; to \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Multiple Abscesses of both kidneys.  
There was an autopsy done on this man & cause of due to infection was not determined. It was probably an ascending infection. It was not B.C.  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1936

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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



