

NOV 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

85150
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 1046
(c) City St. Joseph (d) Street No. _____ Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Grace Laverne McDonald (Infant)

(a) Residence, No. 1223 Fifth Avenue, St. Joseph St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 0

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

FATHER 13. NAME Charles E. McDonald

14. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Corine Burnham

16. BIRTHPLACE (CITY OR TOWN) Albany, Missouri (STATE OR COUNTRY)

17. INFORMANT Charles E. McDonald (ADDRESS) 1223 Fifth Ave., St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE October 21, 1938

19. FUNERAL DIRECTOR (NAME) Walter Meinhoffer (ADDRESS) 1302 Parson Street, St. Joseph

20. FILED 10/21/38 J. J. Matthews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10.3.38, 19, to 10.21.38, 19.

I last saw her alive on 10.20.38, 19. Death is said to have occurred on the date stated above, at 5:45 m. a. The principal cause of death and related causes of importance were as follows:

Brain and Pneumonia

Other contributory causes of importance:

Spina Capula
Arterial Hypertension

Name of operation Pleurotomy Date of 10.14.38

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. J. Matthews, M. D. (Address) Kirkpatrick Bldg.

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.

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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,

Wilbur Kelly

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

W. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

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.