

DEC 2 1 1938

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

38492
Do not use this space.

1. PLACE OF DEATH
 (a) County Audrain Registration District No. 26
 (b) Township _____ Primary Registration District No. 300.2 Registered No. 149
 (c) City Mexico Mo (d) Street No. Audrain 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 295 Baby Mc Donald
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ff
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or 1 min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sturgeon Mo

FATHER
13. NAME B. H. McDonald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Mo

MOTHER
15. MAIDEN NAME Lucy Evelyn Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo

17. INFORMANT (ADDRESS) B. H. McDonald Sturgeon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Boone Co Mo DATE Nov. 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barnes & Boothe Sturgeon, Mo

20. FILED Dec 18, 1938 B. Stunche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1938 to Nov 17, 1938
 I last saw her alive on Nov 17, 1938. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:

Respiratory distress
1 1/2 lb. baby 6 1/2 months
operation. Yielded about
11 hours.
 Date of onset _____
 Other contributory causes of importance: 129

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? ✓

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? ✓
 If so, specify _____
 (Signed) Frank W. Anderson, M. D.
 (Address) Oshtemo, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-624

Date Filed 12-17-38

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

Reuben Barnes

Licensed Embalmer No.

2025

P. O. Address

Sturgeon 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.