

1939 AUG 1

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

25681
Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 328
(b) Township Lincoln Primary Registration District No. 5462 Registered No. _____
(c) City _____ (d) Street No. _____
(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 Johnnie Alexander Donaldson

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Jane Hughes Donaldson (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1861

7. AGE YEARS 77 MONTHS 8 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Grundy Co. Mo.

FATHER 13. NAME Edward Donaldson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Evelyn Cartmill

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

17. INFORMANT Mrs. C. E. Schooler (ADDRESS) Spickard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE South Evans Cem DATE April 20 39

19. FUNERAL DIRECTOR (NAME) Chas. E. Schooler (ADDRESS) Spickard Mo.

20. FILED 4-16-39 Jewel Fair Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1939

22. I HEREBY CERTIFY, That I attended deceased from April 9 1939 to April 15 1939
I last saw him alive on ap 15 1939. Death is said to have occurred on the date stated above, at 4:00pm
The principal cause of death and related causes of importance were as follows:

Pneumonia following influenza

112

Date of onset

Other contributory causes of importance:

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) T. W. Ewing, M. D.

(Address) Spickard Mo.

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. 111

District No. 739-917

Date Recd JUL 27 1939

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, *Ross Wise*

or by

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

Signed *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.