

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

10680
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 197
 (b) Township Ballston Primary Registration District No. 5216
 (c) City Ballston (d) Street No. Route No. 1 husband. Registered No. 12
 (e) Length of residence in city or town where death occurred 2 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 543 Grace Donaldson St. (If nonresident, give city or town and State)
Ballston, Mo. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF Jeff Donaldson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2 - 1861
 7. AGE YEARS 78 MONTHS 3 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife.
 9. Industry or business in which work was done, as saw mill, bank, etc. for self
 10. Date deceased last worked at this occupation (month and year) 2 mo. 11. Total time (years) spent in this occupation 40

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

FATHER 13. NAME Mrs. Kerr.

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

MOTHER 15. MAIDEN NAME Miriam Holtz Clark

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

17. INFORMANT (ADDRESS) Jeff Donaldson
Ballston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE May 10 40

19. FUNERAL DIRECTOR (ADDRESS) Church. Archer Co
Liberty Mo

20. FILED Mar 10 40 John W. Norton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 - 40
 22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1940, to Mar 8, 1940
 I last saw her alive on Mar 2, 1940 Death is said to have occurred on the date stated above, at 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
92 C
 Other contributory causes of importance:
arteriosclerosis
Senile Dementia

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? No
 If so, specify (Signed) Dr. Hale, M. D.
 (Address) North Kansas City, Mo

4
1 X12004
WHILE IN PRINT, 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. 8,
District File Number
Date Filed 3-25-40

STATEMENT BY LICENSED EMBALMER

I, Edgar Archer, Licensed Embalmer No. 2311

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Edgar Archer.

No. 3311 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edgar Archer.
Licensed Embalmer No. 2311

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.)