

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rolla Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 weeks
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME Anna May MacDonald 235

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe-Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Walker MacDonald 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Un
(Month) (Day) (Year)

8. AGE: Years 66 Months - Days - If less than one day hr. _____ min. _____

9. Birthplace Lincoln Newbraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Titus Richard

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Macclure

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address _____

17. (a) Burial (b) Date thereof 3 26 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Springs Mo

18. (a) Signature of funeral director Geo. N. K... ..

(b) Address 708 Olive St. Rolla Mo

19. (a) 3-26-1940 (b) Joe F. Cyers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps
(c) City or town Phelps Lecombe, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1940 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 10, 1939, to March 24, 1940
that I last saw her alive on March 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death March 24
Parages of old age

Due to _____
Due to 1/2 2

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?
6th

While at work? Yes (Specify type of place) (e) Means of injury _____

23. Signature Joseph W. Farber (M. D. or other) _____
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39
1 x 10311

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.

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.

District Health Officer No. 5,

District File Number 440 401

Date Filed 4/1/40

Signed S. L. Miller

Licensed Embalmer No. 3397

P. O. Address Rolla M

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.