

AUG 10 1940

State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 736

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days
(Specify whether
 In this community 1 yr. 4 mo. 5 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 225 Clayton St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Arthur Eugene Donaldson 543

MEDICAL CERTIFICATION
July, 8

3. (b) If veteran, name war no 3. (c) Social Security No. NONE

20. DATE OF DEATH: Month _____ day _____
 year 1940 hour 11:30 minute a M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 5, 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-28-40
 _____, 19____, to 7-8-40, 19____;
 that I last saw him alive on 7-8-40, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>4</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death meningitis
meningococcal Duration 3 days

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Child

Other conditions Empyema of lungs
Pneumonia

11. Industry or business _____

MOTHER FATHER { 12. Name James R. Donaldson
 { 13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)
 { 14. Maiden name Grace Adams
 { 15. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy

16. (a) Informant James R. Donaldson
 (b) Address 225 Clayton St.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof July 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation King Hill Cem.
Clark Mortuary

(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?
85

18. (a) Signature of funeral director 5025 King Hill Ave.
 (b) Address _____

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

19. (a) 7/9/40 (b) W. J. Neathery
(Date received local registrar) (Registrar's signature)

23. Signature H. E. Petersen (M. D. or other) md.
 Address 706 Francis Date signed 7-9-40

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

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, ~~on~~ July 8, 1955

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

Signed *E. J. Smith*

Licensed Embalmer No. 3476

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.