

FILED MAR 17 1941 91

Registration District No. 91

Primary Registration District No. 65462

Registrar's No. 212

1. PLACE OF DEATH: **Rosell Mo.**  
 (a) County **Iron**  
 (b) City or town **Rosell Mo.**  
 (c) Name of hospital or institution  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community **59 Years II Days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emmit Patrick Mc Donald.**  
 3. (b) If veteran, name war  
 3. (c) Social Security No.

4. Sex **Male**  
 5. Color **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Rhoda**  
 6. (c) Age of husband or wife if alive **54** years  
 7. Birth date of deceased **Feb 16 1882**  
 (Month) (Day) (Year)

8. AGE: Years **59** Months **00** Days **II**  
 If less than one day hr. min.

9. Birthplace **Rosell Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer.**

11. Industry or business

MOTHER FATHER  
 12. Name **Philip McDonald.**  
 13. Birthplace **Unknown** (State or foreign country)  
 14. Maiden name **Jansa Kennedy,**  
 15. Birthplace **Reynolds Co, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rhoda McDonald.**  
 (b) Address **Rosell Mo.**

17. (a) **Burial** (b) Date thereof **Mar 2-4I**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Cove Cemetary**

18. (a) Signature of funeral director **Arman White**  
 (b) Address **Ironton Mo.**

19. (a) **Mar-5-41** (b) **Julia A. Guntow**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **Crow 17**  
 (c) City or town **Rural** (If outside city or town limits, write "RURAL")  
 (d) Street No. (If rural, give location)  
 (e) If foreign born, how long in U. S. A. **American** years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Feb** 27 day **4I**  
 year **6** hour **50** minute **P.M.**

21. I hereby certify that I attended the deceased from **Jan 6th**, 1941, to **Feb 27**, 1941, that I last saw him alive on **Feb 20**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure**  
**Spontaneous Ulycer**  
**Heart Fail. Mit. Regurgit.**  
**Coronary Thrombosis**  
**Blood Pressure - 16 - 245.**

Due to  
 Due to  
 Other conditions (include pregnancy within 3 months of death)

Major findings:  
 Of operations  
 Of autopsy **From**

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?  
 (Specify type of place) While at work? (e) Means of injury  
 23. Signature **M. B. Barber** (M. D.)  
 Address **Friedericktown Mo** Date signed **3/17/41**

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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, or by.....

**Lyle N. White.**

Registered Apprentice No. **277**

working under my personal supervision.

Signed.....

*Lyle N. White*

Licensed Embalmer No. **1184**

P. O. Address **Ironton 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, fact should be so stated above.**