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17-39
X21492

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7339

BUREAU OF THE CERTIFICATES
MAR 17 1941

State File No. _____

Registration District No. 429

Primary Registration District No. 4255

Registrar's No. 429

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Knob Noster
(If outside city or town limits, write "RURAL" and name of township)

(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Knob Noster 51
(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.? 1 years.

3. (a) PRINT FULL NAME John Osborne McDonald

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Belle McDonald

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 11 18 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1941 hour 6:00 minute _____ a.m.

21. I hereby certify that I attended the deceased from Feb 10 1941 to Feb 18 1941 that I last saw him alive on Feb 18 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 3 Days 0 If less than one day hr. _____ min. _____

Immediate cause of death: Chronic Pulmonary T. B. Sequ

Duration _____

Due to _____

Due to _____

9. Birthplace Knob Noster, Rural MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions Chronic Valvular Disease
Influenza
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name Henry Clay McDonald

13. Birthplace Uniontown 9
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Craig

15. Birthplace Uniontown 9
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Newton McDonald

(b) Address Knob Noster, Mo.

17. (a) Burial (b) Date thereof 2-19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Noster City Cemetery

18. (a) Signature of funeral director R. P. Sauls

(b) Address Knob Noster, Mo.

19. (a) 3-8-1941 (b) Richard E. Thurston
(Date received local registrar) (Registrar's signature)

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? _____

393 _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature H. W. Gray (M. D. or other) Dr. W
Address Knob Noster, Mo. Date signed Feb 18 1941

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filled 3-12-41

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.....

Dudley R. Saulth

Registered Apprentice No. 249

Working under my personal supervision.

Signed.....

C. L. Saulth

Licensed Embalmer No. 1086

P. O. Address Knob Noster

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.