No. 2
-13-40
17-39
X23159

48
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 349

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9625
1034

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 813 Charlotte (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Mo (b) County: Jackson 3
(c) City or town: Kansas City 8 (If outside city or town limits, write "RURAL")
(d) Street No.: 813 Charlotte (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: BUTLER McDONALD
3. (b) If veteran, name war:
3. (c) Social Security No. 486-07-6214
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Corine
6. (c) Age of husband or wife if alive: about 25 years
7. Birth date of deceased: Aug. (Month) 7 (Day) 1911 (Year)

8. AGE: Years	Months	Days	If less than one day
29	6	28	hr. min.

9. Birthplace: Clinton (City, town, or county) MO. (State or foreign country)
10. Usual occupation: Washman
11. Industry or business: Cleaning shop
MOTHER FATHER
12. Name: John McDonald
13. Birthplace: (City, town, or county) MO. (State or foreign country)
14. Maiden name: Daisy McQueen
15. Birthplace: Clinton (City, town, or county) MO. (State or foreign country)
16. (a) Informant: Daisy McCaul
(b) Address: 813 Charlotte K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge
18. (a) Signature of funeral director: E. Sterling Bell
(b) Address: 1811 E. 12th K.C. Mo.
19. (a) 3/12/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 5 year 1941 hour 10:50 minute P. M.
21. I hereby certify that I attended the deceased from ~~March~~ Feb 20th, 1941, to Mch 5th, 1941; that I last saw him alive on Feb 20th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Gastritis	
Due to: Diet ite	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none	
Of autopsy: none	

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

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? —
While at work: — (Specify type of place) (e) Means of injury: —
23. Signature: L. Guggenheim M.D. (M.D. or other)
Address: 2202 E. 18th Date signed 3/6/41

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1811 E 12th St

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

If this body is not embalmed, fact should be so stated above.