

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14095

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 97

1. PLACE OF DEATH: Callaway
 (a) County. Callaway
 (b) City or town. Fulton
 (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 _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 210 N.W. 8th
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PREFIX William Efton McDonald
 FULN (M)
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 489-16-0754
 4. Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Susie D.
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 4 1870
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH Month Apr day 1st year 1941 hour 7 minute 40 P.
 21. I hereby certify that I attended the deceased from Feb-13 1941 to Mar-4 1941;
 that I last saw him alive on Mar-4-1941, 1941;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>27</u>	_____ min.

Immediate cause of death Valvular heart disease (AORTIC STENOSIS)
 Due to Hypertrophy of the prostate gland
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Callaway Co - Missouri
 (City, town or county) (State or foreign country)
 10. Usual occupation General Laborer
 11. Industry or business _____
 12. Name George McDonald
 13. Birthplace Mo. 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Dr.
 15. Birthplace Mo. 9
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
921

MOTHER FATHER
 16. (a) Informant Ms Susie D McDonald
 (b) Address 210 N.W. 8th
 17. (a) Burial (b) Date thereof Apr 5-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fulton, Mo - Burial
 18. (a) Signature of funeral director Eli Bell
 (b) Address Fulton, MO
 19. (a) April 4 1941 (b) R. N. Cruise
 (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?
106
 (Specify type of place) (c) means of injury
While at work
 23. Signature M. A. Richardson (M. D. or other) _____
 Address Fulton Mo Date signed _____

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

Signed.....

Eli Bell

Licensed Embalmer No.....

2130

P. O. Address.....

Fulton, 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.