S. No. 2
—4-13-40
5-17-39
I X23159

48
4
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18027

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 144

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Blue~~ Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X X (Specify whether
In this community X X
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 4

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 103 S. Crysler
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 23 0 years.

3. (a) PRINT FULL NAME James Thomas MacDonald

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Elizabeth MacDonald

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

7. Birth date of deceased April 17, 1840
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	1	10	hr. min.

9. Birthplace Plymouth (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Upholster

11. Industry or business

FATHER
12. Name James MacDonald
13. Birthplace England (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace England (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Alice Riddolls
(b) Address 103 S Crysler

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 41 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director H. B. Conley
(b) Address 214 N Spring St. Indy. Mo

19. (a) May 28/41 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1941 hour 3 minute p. M.

21. I hereby certify that I attended the deceased from May 23, 1941, to May 27, 1941;
that I last saw him alive on May 27, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage.	5/23/41
Due to	
Due to	
Other conditions Hypostatic Pneumonia (Include pregnancy within 3 months of death)	5/27/41

Major findings:
Of operations
Of autopsy

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

23. Signature F. Lewis (M. D. or other) AD
Address 202 S. Osage Independence. Date signed 5/28/41

(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 by me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. L. Latta

Licensed Embalmer No. 2632

P. O. Address 214 N. Spring St. Independence 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.