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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18580

Registration District No. 620 Primary Registration District No. 5422 Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway Jefferson

(b) ~~City or town~~ Conception Jct Mo
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway 74 5 0

(c) City or town Conception Jct Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES C DONALDSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Cora

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

7. Birth date of deceased 3 (Month) 25 (Day) 1869 (Year)

8. AGE: Years 72 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business Farming

MOTHER FATHER

12. Name Richard Donaldson

13. Birthplace Ireland (City, town, or country) (State or foreign country)

14. Maiden name Sarah Egan

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

16. (a) Informant J E Donaldson

(b) Address Maryville Mo

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

(c) Place: burial or cremation Guilford Mo

18. (a) Signature of funeral director Boyle & Cummins

(b) Address Conception Jct Mo

19. (a) 5/14 (Date received local registrar) (b) Anna Egan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10 year 1941 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 5-2- 1941, to 5-10 1941; that I last saw h. alive on 5-10 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration
Carcinoma of Stomach
Chr. Emphysema

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

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 J M Boyle (M. D.) D

Address Conception Junct Date signed 5-11-41

(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 J B Cummings

Licensed Embalmer No. 1675

P. O. Address Marysville Mi

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

If this body is not embalmed, above space should be left blank.