

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH19691-15397
State File No. 15397

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 137

1. PLACE OF DEATH *Callaway*

(a) County *Callaway*

(b) City or town *Fulton*

(c) Name of hospital or institution *Callaway*
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution *11 days*
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME *Nolon McDonald*

3. (b) If veteran, name war

3. (c) Social Security No. *None*

4. Sex *Male* 5. Color *Negro*

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

6. (b) Name of husband or wife *Mary*

6. (c) Age of husband or wife if alive *22* years

7. Birth date of deceased *Mar 22 1868*
(Month) (Day) (Year)

8. AGE: Years *73* Months *1* Days *11*
If less than one day hr. min.

9. Birthplace *Arkansas*
(City, town, or county) (State or foreign country)

10. Usual occupation *Barber*

11. Industry or business

MOTHER FATHER { 12. Name *Moses McDonald*

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

14. Maiden name *AK.*

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

16. (a) Informant *Mr. Mary McDonald*

(b) Address *811 Walnut Fulton, Mo*

17. (a) *Burial* (b) Date thereof *May 6 1941*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial *South Side Burial Fulton, Mo*

18. (a) Signature of funeral director *Eli Bell*

(b) Address *Fulton, Mo*

19. (a) *May 5, 1941* (b) *R. N. Crewe*
(Date received local registrar) (Registrar's signature)

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. *811 Walnut*
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *3rd*
year *1941* hour *5* minute *30 A.M.*

21. I hereby certify that I attended the deceased from *April 14*
1941, to *May 3*, 1941

that I last saw *alive* on *May 2nd*, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death *Pleurisy Pneumonia* Duration

Due to _____

Due to _____

Other conditions *Arterio Sclerosis*
(Include pregnant, 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:
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? *NO* (Specify type of place) (e) Means of injury *!*

23. Signature *R. N. Crewe* (M. D. number) *0*

Address *Fulton Mo* Date signed *5/5/41*

(Licensed Embalmer's Statement on Reverse Side)

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

109

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, Md

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, fact should be so stated above.

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Sullivan
(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 _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nolon McDonald

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race Black 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pleuro pneumonia Duration _____

no autopsy was held.

Due to He had a pleuro pneumonia!

Due to _____

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

Major findings: Of operations _____ 108

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? _____

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

23. Signature R. H. Gross (M. D. or other) _____
Address Sullivan Mo Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

19691