

FILLED JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21363
State File No.

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

8. (a) PRINT FULL NAME James Alvin Donaldson

8. (b) If veteran name war _____ 8. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Mary Ida Finley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 10 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Flora Donaldson

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

14. Maiden name Louisa Kelley

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

16. (a) Informant Alvin Donaldson

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 7-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence Cem

18. (a) Signature of funeral director J. Stanley

(b) Address Carrollton Mo

19. (a) 10-30-1941 (b) W. H. Newwood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-16-41 to 6-29, 1941; that I last saw him alive on 6-29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Thrombo-angitis
Left dorsal artery foot Duration 13 days

Due to _____
Due to _____

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature W. H. Newwood (M. D. or other) D

Address Carrollton Mo Date signed 6/30/41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-9-41

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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, above space should be left blank.