

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kaw
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Marys Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
14 years (Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME Clial H. McDonald
 3. (b) If veteran, name war No
 3. (c) Social Security No. 702-14-592

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs Victoria A. McDonald
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 18, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>			hr. _____ min.

9. Birthplace Webster County, Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman
 11. Industry or business Missouri Pacific Railroad

MOTHER BATHER {
 12. Name Charles W. McDonald
 13. Birthplace Knox County, Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary T. Stewart
 15. Birthplace Hills County, Iowa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Victoria A. McDonald
 (b) Address 307 North Drury Ave.

17. (a) Removal (b) Date thereof Jan. 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln, Neb.

18. (a) Signature of funeral director Thomas E. Quirk Funeral Home
4316 Troost Ave.
 (b) Address _____
 19. (a) Jan. 11, 1942 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson.
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 307 North Drury
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 9th.
 year 1942 hour 8.55 A. Minute _____ M.
 21. I hereby certify that I attended the deceased from Jan 7, 1942 to Jan 9, 1942
 that I last saw him live on _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Liver - Central Nervous System
 Duration _____

Due to _____
 Due to 308

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: 308
 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) _____
 (e) Means of injury _____
 23. Signature E. Castle (M. D. _____)
 Address 1102 Argonne Blvd Date signed 1-10-42

mc

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.....

Thomas E. Jewell

Licensed Embalmer No.....

3775

P. O. Address.....

R. P. 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.