S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10283

State File No. 45

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 388

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1
7

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(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) 1

(d) Length of stay: In hospital or institution (Specify whether
In this community 61 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph 011
(If outside city or town limits, write "RURAL")

(d) Street No. 1321 Ridenbaugh 1
(If rural, give location) 1

(e) Citizen of foreign country? (~~Yes~~ or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs Bessie McDonald

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife A.A. McDonald

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov (Month) 27 (Day) 1880 (Year)

8. AGE: Years 61 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Amazonia (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Thos McKillip
13. Birthplace (City, town, or county) Canada (State or foreign country) 2

MOTHER
14. Maiden name Jeane Scott
15. Birthplace (City, town, or county) Canada (State or foreign country) 2

16. (a) Informant A.A. McDonald
(b) Address 1321 Ridenbaugh St Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mont Mora

18. (a) Signature of funeral director Fleman & Son Inc
(b) Address St Joseph, Mo.

19. (a) 4-14-42 (Date received local registrar) (b) Rose Hezog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12
year 1942 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Apr 9, 1942, to Apr 9, 1942, that I last saw her alive on Apr 9, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Apr 8/42
Due to Arteriosclerosis gen.	—
Due to Hypertension	—
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83a 1
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 Frank H. Hardigan (M. D. ~~or other~~) 0
Address 620 Francis Date signed 4/13/42

1233 (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.....Robert L. Yaple

Licensed Embalmer No.....3308

P. O. Address.....1104 N 6th St Joseph

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.