DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11653

State File No.

FILED APR 1 5 1942

Registration District No. 6 8 8 6 4 7 Primary Registration District No. 3 0 3 3 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O Pike County (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 78 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Clarksville (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.

3. (a) PRINT FULL NAME Mary Marmaduke McDannold
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife Herman G McDannold
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 16 (Day) 1863 (Year)

8. AGE: Years 78 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Askley (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business —
FATHER
12. Name Leonard White
13. Birthplace Don't Know (City, town, or county) ? (State or foreign country)
MOTHER
14. Maiden name Nancy Gregory
15. Birthplace Don't Know (City, town, or county) ? (State or foreign country)
16. (a) Informant's own signature Mrs. Helen P. Mockey
(b) Address Clarksville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 2 42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Harry Darrell
(b) Address Clarksville Mo
19. (a) Apr 1-42 (Date received local registrar) (b) J C Haley Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st year 1942 hour 10 - 30 minute A M.
21. I hereby certify that I attended the deceased from March 24th, 1942 to March 31, 1942 that I last saw her alive on March 29th, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death fracture, hip ✓	7 days
Due to Senile Debility	
Due to Age	
Other conditions (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 E M Bartlett (M. D. or other)
Address Clarksville Mo Date signed 4/1/42

1149

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ver
REV. 8-17-39 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 4-10-743
Date Filed APR 14 1942

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 Harry L. Carroll

Licensed Embalmer No. 2439

P. O. Address Clarksville

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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11653

Registration District No. 8689 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana City
(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 Mary Mormaduke McDonald

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 78 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 21
year 1942 hour 10 minute 30 a.M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

186a

18

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident
(b) Date of occurrence March 20 - 1942 Pike County
(c) Where did injury occur? Clarksville Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at her home (Specify type of place)
While at work? a slight [illegible] leg.

23. Signature E M Bartlett (M. D. or other)
Address Clarksville Mo Date signed 5/6/42

SUPPLEMENTARY

11653