

FILED JAN 26 1943
Registration District No. **318**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Sedalia** (If outside city or town limits, write "RURAL")
(d) Street No. **1007 East 9th St.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

80
6
4 NR.

3. (a) PRINT FULL NAME **Ralph Arthur McDonald**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Caroline V. Hall** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **April 1, 1884**
(Month) (Day) (Year)

8. AGE: Years **58** Months **9** Days **16** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Electrician**

11. Industry or business **Missouri Pacific R. R. Co.**

MOTHER FATHER { 12. Name **Norman P. McDonald**
13. Birthplace **Brainard, Minn.** (City, town, or county) (State or foreign country)
14. Maiden name **Hattie Helen Hayes,**
15. Birthplace **Chicago, Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. R. A. McDonald,**
(b) Address **1007 E. 9th St., Sedalia, Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1/20/43** (Month) (Day) (Year)
(c) Place: burial or cremation **Crown Hill, Sedalia, Mo.**

18. (a) Signature of funeral director **Robert J. Ambruster**
(b) Address **Clayton Rd. at Concordia Lane**
19. (a) **JAN 18 1943** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day **1-17-43** year _____ hour **1:50 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **1-16-43** to **1-17-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Cardiac Failure** 2 mos.

Due to **Coronary Artery Disease** 2 mo.

Due to **Coroner Called (Dr. Perry)**

Other conditions **+ advised relatives**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration
2 mos.
2 mo.
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 **W. A. Burke** (M. D. or other)
Address **2nd. Prairie Hosp.** Date signed **1/17/43**

FEB 9 1943

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.....

Licensed Embalmer No. 1994

P.-O. Address.....

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.