

FILED JAN 22 1943
22 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,

(c) Name of hospital or institution: 3711 Morcier,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 3711 Morcier,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Pvt. Donald Keith Macdonald

3. (b) If veteran, name war 2nd World War

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10
year 1943 hour 9:30 minute 0 M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife August Newville Macdonald

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased August 27 1909
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Coxson, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull
Laceration of the brain
Skull not closed of the head.

8. AGE: Years Months Days If less than one day

33 4 15 13 hr. min.

Due to trauma by firearms

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

10. Usual occupation U. S. Army Air Corps

Other conditions (include pregnancy within 3 months of death)

11. Industry or business x

12. Name Frederick Macdonald,

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

14. Maiden name Margaret Eleanor

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

Major findings Of operations 164 cc

Of autopsy see above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Newville Macdonald,
(b) Address 3711 Morcier, Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 1-11-43 (b) M. M. Coxson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 1/10/43

(c) Where did injury occur? K.C. Mo. Jackson Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home (Specify type of place)

While at work yes (e) Means of injury trauma by firearms

23. Signature M. M. Coxson (M. D. or other) _____
Address K.C. Mo. Date signed 1/10/43

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

MOTHER FATHER

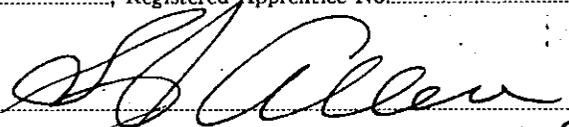
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NOV 19 1946

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. 418

P. O. Address 156 W

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.