

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution: M^cClune & Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community _____ years, months or days)

8. (a) PRINT FULL NAME MARTHA MINERVA M^cDONALD

8. (b) If veteran, name war. _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ed. M^cDonald 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 17 1956
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____
MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. L. Mc Donald

(b) Address Golden City, Mo.

17. (a) Burial (b) Date thereof Jan. 29 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation D. O. F. Cem. Golden City, Mo.

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Mo.

19. (a) Feb. 1, 1943 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Golden City
(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? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th
year 1943 hour 3 minute A M.
21. I hereby certify that I attended the deceased from Jan. 25
Jan 25, 1943, to Jan 28, 1943
that I last saw her alive on Jan 27, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Right Femur
Due to Fall in home
Due to Arterio-sclerosis
Other conditions Sensibility
(Include pregnancy within 3 months of death)

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

Major findings: Of operations Traction Bone Calliper
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 1/15/43
(c) Where did injury occur? home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
While at work? _____ (Specify type of place) (e) Means of injury fall
23. Signature B. Clinton (M. D. or other)
Address Carthage Mo Date signed 2/1/43

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 should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

43-1-33

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.....

H. H. Hough
Licensed Embalmer No. *3278*

P. O. Address. *Golden City 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, above space should be left blank.