S. No. 2
M—9-4-41
. 5-17-39
I X29484

74
1
2

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. 2981

FILED FEB 13 1943

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(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 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 74
(a) State Missouri (b) County Nodaway /
(c) City or town Maryville 2
(If outside city or town limits, write "RURAL")
(d) Street No. 121 So. Main St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas McDonald

3. (b) If veteran, name war No
3. (c) Social Security No. none

4. Sex Male
5. Color or race 0 White
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Mary Ellen McDonald
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased April (Month) 17 (Day) 1849 (Year)

8. AGE: Years 93 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Macon Co. (City, town, or county) Ill (State or foreign country) /
10. Usual occupation retired farmer
11. Industry or business
FATHER
12. Name Hugh Douglas McDonald
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country) /
MOTHER
14. Maiden name Mary Wheeler
15. Birthplace unknown (City, town, or county) Kentucky (State or foreign country) /
16. (a) Informant Mary McDonald
(b) Address Maryville Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam cem.
18. (a) Signature of funeral director Price Funeral home
(b) Address Maryville Mo
19. (a) Jan. 19, 1943 (Date received local registrar) (b) Mary Coile (Registrar's signature)

1268

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17
year 1943 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from 1-5, 1943 to 1-17, 1943
that I last saw him alive on 1-17, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis	?
Shingles	2 wks.
Due to Senility	
Malnutrition	
Due to Senile dementia	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
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 B. F. Ireland (M. D. or other) M.D.
Address Maryville Mo Date signed 1/18/43

(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.....

Licensed Embalmer No. 2539

P. O. Address Maryville 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, fact should be so stated above.