

V. S. No. 2
50M-5-42
Re 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10022**

FILED APR 14 1943

Registration District No. _____
Primary Registration District No. **3016**

Registrar's No. **59**

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

1. PLACE OF DEATH:
(a) County **Cole**
(b) City or town **Jefferson City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **110-R-W-Elm 1**
(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 **Cole**
(c) City or town **Jefferson City**
(If outside city or town limits, write "RURAL")
(d) Street No. **110-R-W-Elm**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Dennis McDonald**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **14**
year **1943** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him alive on **March 13 1943**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color **Wh** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ida** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **June 1 1868**
(Month) (Day) (Year)

Immediate cause of death **Pneumonia Bronchi**
Due to _____
Due to _____

8. AGE: Years **74** Months **9** Days **13** If less than one day _____ hr. _____ min.

Other conditions **Arterio-sclerosis**
(Include pregnancy within 3 months of death)
Allopathic Dept PHYSICIAN
Major findings: Of operations _____
Of autopsy **101-**
Underline the cause to which death should be charged statistically.

9. Birthplace **Marion County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retail shoe worker**

11. Industry or business _____

12. Name **Patrick McDonald**

13. Birthplace **4 Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Penning**

15. Birthplace **D.K. 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ida McDonald**
(b) Address **110-R-W-Elm**

17. (a) **Burial** (b) Date thereof **3-16-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic**

18. (a) Signature of funeral director **James Brown**
(b) Address **780 1/2 First**

19. (a) **3-16-43** (b) **Therma Richter**
(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) _____
(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 **J. Brown** (M. D. or other) **MD**
Address **Jefferson City** Date signed **3/16/43**

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.....

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.