

S. No. 2  
1-9-4-41  
5-17-39  
PI X29

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14620

State File No.

ED MAY 11 1949

Registrar's No. 18

Registration District No. 160

Primary Registration District No. 3029

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Festus  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Sarah Parks McDonald

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Widowed  
6. (b) Name of husband or wife Geo. McDonald 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased November 21 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Ehraham Smetzer  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Adeline Ruebel  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ester Whitehead  
(b) Address 305 Jefferson, Crystal City,

17. (a) Burial (b) Date thereof 3/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Festus Methodist Cem.

18. (a) Signature of funeral director Fink Undertaking Co.  
(b) Address 216 Main, Festus, Missouri

19. (a) 3-94-43 (b) A. E. Conroy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1943 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Feb. 12, 1943  
19....., to March 20, 1943  
that I last saw her alive on March 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis and Asthma  
Due to Coronary Heart disease

Other conditions (Include pregnancy within 3 months of death) g2d

Major findings: Of operations.....  
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) No  
(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. E. Rutledge (M. D. or other) 0  
Address 206 Main Date signed 3/21/43

1265- (Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signature

*Eleazar Bourne*

Licensed Embalmer No.

*3403*

P. O. Address

*Bonne Terre 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.**