

FILED SEP 8 1943

Registration District No. 701

Primary Registration District No. 5675-

Registrar's No. 51

1. PLACE OF DEATH: Lincoln
 (a) County Lincoln
 (b) City or town Rural
 (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Lincoln
 (c) Cherry Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widow
 6. (b) Name of husband or wife Henry McDonald 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 8, 1847
 (Month) (Day) (Year)

8. AGE: Years 96 Months 01 Days 05 If less than one day _____ hr. _____ min.

9. Birthplace Auburn Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation House wife

MOTHER FATHER

11. Industry or business _____
 12. Name Benedict Parker
 13. Birthplace Auburn Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Jane Cannon
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Mayes
 (b) Address Cherry Mo
 17. (a) Burial (b) Date thereof July 10 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cherry
 18. (a) Signature of funeral director W. B. Bradley
 (b) Address Cherry Mo
 19. (a) Aug 9 1943 (b) G. B. Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
 year 1943 hour 8 minute P M.
 21. I hereby certify that I attended the deceased from July 7 to July 13
 that I last saw her alive on July 7 and that death occurred on the date and hour stated above.

Immediate cause of death Sty's Static Conpulsion
 Duration 5 days
 Due to Confusion in Bed
 Due to Advanced age
 Other conditions (include pregnancy within 3 months of death) _____
 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) _____
 (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) (c) Means of injury _____
 23. Signature G. J. Keeling (M. D. or other) _____
 Address Cherry Mo Date signed 7-13-43

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

Registration District No. 181

Primary Registration District No. 5675

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln
 (b) City or town Harrison Rural
(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 years, months or days)

3. (a) PRINT FULL NAME Sarah Jane Mc Donald
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced w
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased June 8
(Month) (Day) (Year)

8. AGE: Years 96 Months _____ Days _____ If less than one day _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

(c) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation _____

17. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 1943
 year 1943 day _____ hour _____ minute _____ M.

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

Immediate cause of death hypostatic congestion lungs Duration

Due to Confined in bed

Due to advanced age

Other conditions (include pregnancy within 3 months of death) _____

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) _____

(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 job) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 9-11-43

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

SUPPLEMENTAL

28663