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DOM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34143
State File No.

FILED NOV 9 1943

Registration District No. 42

Primary Registration District No. 000

Registrar's No. 1103

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

1. PLACE OF DEATH

(a) County Buchanan

(b) City or town Atglen
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Meth Hosp - B
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community abt 20 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town Atglen
(If outside city or town limits, write "RURAL")

(d) Street No. 517 Concord
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH F. DONALDSON

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1943 hour 7:40 minute P M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Jack Donaldson

6. (c) Age of husband or wife if alive 61 years

Birth date of deceased Feb 13 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-1, 1943, to 10-6, 1943, that I last saw her alive on 10-6, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 7 Days 23
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

Immediate cause of death Cerebral Hemorrhage 4 days

Due to Arteriosclerosis

Due to Hypertension over 1 yr.

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name unk Diggs

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

14. Maiden name unk O'penden

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

Major findings: 8201

Of operations _____

Of autopsy _____

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

16. (a) Informant Miss W. Herring

(b) Address Atglen Mo

17. (a) _____ (b) Date thereof Oct 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo

18. (a) Signature of funeral director Ray Plante

(b) Address Atglen Mo

19. (a) Oct 9 1943 (b) Mike Reuzey
(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) _____ (b) Means of injury _____

23. Signature Rayton O'Neil (M. D. or other) _____

Address 218 77th Date signed 10/7/43

Dr. Clayton Smith

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 *John Ray Stamey*
Licensed Embalmer No. *2435*
P. O. Address *St. Joseph, 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.