

FILED FEB 11 1944

Registration District No. 737

Primary Registration District No. 5585

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Madison Imp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route 3, Carthage  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3, Carthage  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Kizzie Irma McDonald

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th  
year 1944 hour 4:30 minute 8 A. M.

21. I hereby certify that I attended the deceased from Nov. 26-1943  
1943, to Jan-4, 1944;  
that I last saw her alive on Dec. 1, 1943;  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Sam McDonald

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased October 24 1878  
(Month) (Day) (Year)

Immediate cause of death Chr. myocarditis

Duration year

8. AGE: Years 65 Months 2 Days 10  
If less than one day hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Grayson Co. Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business -----

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Henry Humble

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

14. Maiden name Galinda Palmer

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

16. (a) Informant Sam McDonald

(b) Address Route 3, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Missouri

19. (a) Jan. 6 '44 (Date received local registrar) (b) Elizabeth Conner (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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature HE Brod (M. D. or other)  
Address Carthage Mo Date signed 1-6-44

44-1-106

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**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 *Emmalene* .....

Licensed Embalmer No. *391* .....

P. O. Address *Carthage* .....

**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.**