

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17356

FILED JUN 6 1947
Registration District No. 2

Primary Registration District No. 5092

Registrar's No. 34

1. PLACE OF DEATH
(a) County Davis
(b) City or town rural Rose Oak Twp.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 3 weeks
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Davis
(c) City or town rural Rose Oak Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LOUIS PORTER DONALDSEN
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 4
year 1944 hour 4:15 minute 0 a.m.
21. I hereby certify that I attended the deceased from May 3 1944 to May 4 1944
that I last saw him alive on May 3 1944
and that death occurred on the date and hour stated above.

4. Sex mo 5. Color or race w
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Grace Donaldsen
(c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept 16 1880
(Month) (Day) (Year)

Immediate cause of death Coronary Disease
Due to Chr. Atherosclerosis
Due to Chr. Myocarditis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 124a
Of autopsy _____

8. AGE: Years 63 Months 8 Days 18
If less than one day _____ hr. _____ min.
9. Birthplace _____
(City, town, or county) (State or foreign country) 9
10. Usual occupation _____

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

MOTHER FATHER {
11. Industry or business _____
12. Name Mr. H. Donaldsen
13. Birthplace Paris City mo
(City, town, or county) (State or foreign country)
14. Maiden name Guineada Wade
15. Birthplace Barrenville mo
(City, town, or county) (State or foreign country)
16. (a) Informant Ralph Lubert
(b) Address R. F. D. Butler mo
17. (a) rural (b) Date thereof May 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Funerary Chambers
18. (a) Signature of funeral director Laubus
(b) Address Butler mo
19. (a) 2-5-44 (b) Pauline Compton
(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?
(Specify type of place)
While at work? _____ (e) Means of injury 0
23. Signature Pauline Compton (M. D. or other) mo
Address Butler mo Date signed 5/4/44

1306

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number

5-44-698

Date Filed

6-3-44

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

C. E. Culver

Licensed Embalmer No.

2576

P. O. Address

Butler, 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.

Registration District No. 27 Primary Registration District No. 5092

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural Jones oak 2 mi
(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

3. (a) PRINT FULL NAME Louis P. Donaldson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 16 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days _____ Unless than one day _____ min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

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 _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Pauline Compton (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 May day 12 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I saw him/her _____ arrive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

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

Address _____ Date signed _____

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

Supplemental

17356