

19315

S. No. 2
M-8-13
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 6 1944

Registration District No. 3949

Primary Registration District No. 4513

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Greencastle
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community 6 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 3
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25
year 1944 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from MAR 15
1944 to APR 25 1944
that I last saw her alive on APR 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL DEMENTIA
Duration 24 hrs

Due to HYPERTENSION

Due to

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:

(c) 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 _____

21. Signature: J. H. Schurr (M. D. or other)
Address: Kirksville, Mo. Date signed 4-27-44

3. (a) PRINT FULL NAME Margaret Ann 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, divorced, widowed

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

7. Birth date of deceased Nov. 27 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Macon County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Domestic

12. Name Newton McCully

13. Birthplace Randolph County Mo. (City, town, or county) (State or foreign country)

14. Maiden name Sally Ann Mathis

15. Birthplace Randolph County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Harry M. McDonald

(b) Address Greencastle, Mo.

17. (a) Burial (b) Date thereof 4/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill, Mo.

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Mo.

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

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

MOTHER FATHER

1361

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-44-1032

Date Filed JUN 5 1944

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 A. J. Pinner

Licensed Embalmer No. 1407

P. O. Address Kingsville, 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.