

Registration District No. 251

Primary Registration District No. 3048

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. R. Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)
 In this community 21 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town 612 N. Mulberry
(If outside city or town limits, write "RURAL")
 (d) Street No. Maryville (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME John Evans Donaldson

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 14 P. M.
1945 year. hour minute

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

21. I hereby certify that I attended the deceased from FEB 23, 1945, to APR 14, 1945;
 that I last saw him alive on APR 14, 1945;
 and that death occurred on the date and hour stated above.

4. Sex male
 5. Color, or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife America E. Donaldson
 6. (c) Age of husband or wife if 72 years
 7. Birth date of deceased: April 22, 1871
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis
 Duration 2 yrs.

8. AGE: 73 Years 11 Months 22 Days
 If less than one day hr. min.

Due to.....
 Due to.....

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

Other conditions Polyneuritis
(Include pregnancy within 3 months of death)
 Duration 2 mo.

10. Usual occupation retired farmer

11. Industry or business Richard Donaldson

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

12. Name Richard Donaldson

13. Birthplace W. Virginia Ireland
(City, town, or county) (State or foreign country)

14. Maiden name W. Virginia Ireland

15. Birthplace W. Virginia Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. America Donaldson

(b) Address Maryville, Mo.

17. (a) burial (b) Date thereof 4-16-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cemetery

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

(b) Address Maryville, Mo.

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.....

19. (a) 4-16-45 (b) Amey Barber
(Date received local registrar) (Registrar's signature)

23. Signature W. L. Landfath (M. D. or other) no
 Address Maryville Mo. Date signed 4-16-45

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

MOTHER FATHER

OCT 13 1954

RECEIVED
District Health Officer No. 11
District File Number _____
Date Filed _____

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 W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville 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.