

FILED MAY 16 1945
267

Registration District No. **267**

Primary Registration District No. **4395**

Registrar's No. **22**

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

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Gainesville
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 months
years, months or days

3. (a) PRINT FULL NAME Ray Curtis McDonald

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

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

6. (b) Name of husband or wife Minnie McDonald 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased November 15 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Ozark County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farming

12. Name George McDonald

13. Birthplace Ozark County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Julia Early

15. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Mc Donald
(b) Address Gainesville Mo

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

(c) Place: burial or cremation Gainesville Cem.

18. (a) Signature of funeral director Clinkingbeard Fun.
(b) Address Gainesville, Mo.

19. (a) May 4, 1945 (b) Margaret Hutchison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

(c) City or town Gainesville-rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1945 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 min.

Due to _____

Due to _____

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

Major findings: A 4w

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:

(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 3

23. Signature D. O. Coroner
Address Gainesville, Mo. Date signed May 1st 1945

1008

RECEIVED

District Health Officer No. 6;

District File Number 545-551

Date Filed MAY 9 1945

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..... *W.B. Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address..... *Gainesville*

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.