S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23624

State File No.

FILED JUL 23 1945

Registration District No. Primary Registration District No. 5179 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Camden
(b) City or town "Rural" Osage Township
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Pla-Port Camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Cook
(c) City or town Chicago
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 West 28th. St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Will A. MacDonald
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 married
6. (b) Name of husband or wife Addaline MacDonald
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 18 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	12	hr. min.

9. Birthplace Ontario (City, town, or county) Canada (State or foreign country)
10. Usual occupation Electrician
11. Industry or business

MOTHER FATHER
12. Name Robert G. MacDonald
13. Birthplace Glascow (City, town, or county) Scotland (State or foreign country)
14. Maiden name Maria Cockurn
15. Birthplace Ontario (City, town, or county) Canada (State or foreign country)

16. (a) Informant Maria MacDonald
(b) Address 2616 W. 38th. Chicago, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/12/45 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ Chicago Ill
18. (a) Signature of funeral director Bantsfent & Callery
(b) Address Camdentown Mo
19. (a) July 11-45 (Date received local registrar) (b) Earl H. Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1945 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from 7-10 19 45 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death massive Cerebral Hemorrhage	
Due to Hypertensi[redacted]	several years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Cerebral Hemorrhage	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. & W. Corbley Coroner Lattimer (M.D. or other)
Address Camdenton, Mo. Camdenton, Mo signed 7-11-45

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

1337

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1945

JUL 23 1945

OCT 10 1945

RE[illegible]
Dis[illegible] Officer No. 7
District File Number 6-45-710
Date Filed 7-21-45

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed W. E. Holman

Licensed Embalmer No. 4107

P. O. Address Lebanon 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.