

S. No. 2
M-3-43
v. 5-17-39
P-1 X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26718

State File No. _____

FILED AUG 8 1945

Primary Registration District No. 3002

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
618 E. Grady 1
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Audrain

(c) City or town Mexico
(If outside city or town limits, write "RURAL")

(d) Street No. 618 E. Grady St 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES EDWARD Mc DONALD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1st
year 1945 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from 5-6 1945 to 7-1 1945

4. Sex M. ♂ 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 7-9-1884
(Month) (Day) (Year)

that I last saw him alive on 7-1-45 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration _____

8. AGE: Years 60 Months 11 Days 22 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Frisco Calif
(City, town, or county) (State or foreign country)

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

10. Usual occupation Labor

Major findings:
Of operations _____
Of autopsy 930

11. Industry or business _____

12. Name Irving McDonald

13. Birthplace OK
(City, town, or county) (State or foreign country)

14. Maiden name Mary?

15. Birthplace OK
(City, town, or county) (State or foreign country)

16. (a) Informant Lula McDonald

(b) Address 618 E. Grady, Mexico

17. (a) Burial (b) Date thereof 7-5-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico MO

18. (a) Signature of funeral director Stuart P. Pactor

(b) Address Columbia Missouri

19. (a) 7/3/45 (b) Margaret H Mackie
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. J. Pactor (M. D. or other) _____

Address Mexico, MO Date signed 7-3-45

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

4
1
2

MOTHER FATHER

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

1074

RECEIVED

District Health Officer No. 70

District File Number 8-45-1243

Date Filed AUG 16 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 *Stuart P. Parker*.....

Licensed Embalmer No. 2900.....

P. O. Address *Columbia, 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.