. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Void

State File No. 29787

FILED AUG 14 1945

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3178

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I5 at Benton Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community: 59 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 Cypress St 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME: Harry Mc Donald
3. (b) If veteran, name war: None
3. (c) Social Security No. # unknown
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ########
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August (Month) 1, (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
59	11	20	_____ hr. _____ min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Common Laborer
11. Industry or business _____
FATHER 12. Name: Willis Prince
FATHER 13. Birthplace: Liberty (City, town, or county) Missouri (State or foreign country) 0
MOTHER 14. Maiden name: Rhoda McDonald
MOTHER 15. Birthplace: (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mary Johnson
(b) Address: 1412 Cypress
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: Hatkins Bros.
(b) Address: 1729 Lydia
19. (a) 7-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1945 hour II minute 10 P.M.
21. I hereby certify that I attended the deceased from Deputy to Coroner, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auto Traumatism	
Due to: Fracture of Skull	
Due to: Crushed Injury to Chest	
Other conditions (Include pregnancy within 3 months of death): auto & Pedestrian	

Major findings:
Of operations: 170 c'-8
Of autopsy: Insp 21

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): Acc
(b) Date of occurrence: 7-21-45 125
(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In street (Specify type of place)
While at work? No (e) Means of injury: Auto Trauma
23. Signature: L. P. Richardson (M. D. or other)
Address: 1832 Vine Date signed 7-23-45

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Fest.

Licensed Embalmer No. 2710

P. O. Address K. C. 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.