

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37234 ✓

State File No. 938
Registrar's No.

FILED NOV 28 1945
Registration District No. 28

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution Burge Hospital
(d) Length of stay: In hospital or institution 6 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Jordanland
(d) Street No Route 1
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Hugh Madison Mc Donald
3. (b) If veteran, name war UNK
3. (c) Social Security No UNK

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 15
year 1945 hour 1 minute 19 P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife McDonald
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Nov 16 1894

21. I hereby certify that I attended the deceased from 10-9-45 to 10-15-45
that I last saw him alive on 10-15-45
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 10 Days 29 hr. min.

Immediate cause of death Encephalitis
Duration 7 D

9. Birthplace Jordanland MO
10. Usual occupation Farmer

Due to - ? -
Due to - ? -
Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name Bethuel Mc Donald
13. Birthplace UNK Kentucky
14. Maiden name Mary (UNK)
15. Birthplace UNK Kentucky

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

16. (a) Informant Thomas Mc Donald
(b) Address Jordanland Missouri
17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 10-17-45
(c) Place: burial or cremation Mt. Olive

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Rex Rainey
(b) Address Marshfield, Mo.
19. (a) 10-16-45 (b) 5-105 Handley

23. Signature [Signature] Address Medical Dept of Springfield, Mo. 10-15-45

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X