

No. 2
-8-13
17-39
X37823

Registration District No. **155** Primary Registration District No. **5579**

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Wheeler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper 60 TB Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether)
In this community 63 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. Keystone Hotel
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Delph Grant McDonald
(b) If veteran, name war No (c) Social Security No. 491-01-1670

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 3
year 1946 hour 11 minute 00 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora McDonald 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 24, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 25, 1946 to Feb 3, 1946
that I last saw him alive on Feb 3, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 6 Days 9
If less than one day hr. min.

Immediate cause of death Tuberculous tuberculosis
Due to

9. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)

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

10. Usual occupation retired Accountant

Major findings: Of operations PT
Of autopsy

11. Industry or business Eagle Picher Mining Co.

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

12. Name John S. McDonald

13. Birthplace Hickory Co. Mo.
(State or foreign country)

14. Maiden name Narcisus Walker

15. Birthplace Hickory Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Cora McDonald

(b) Address 516 Pearl St. Joplin Mo.

17. (a) Burial (b) Date thereof 2-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 2-5-46 (b) J. C. ...
(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?

(Specify type of place)
While at work? (e) Means of injury
Signature Miss E. Douglas (M. D. or)
Address Joplin City Mo Date signed 2/3/46

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

46-2-157

MAR 19 1946

MAR 22 1946

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 *Perry T. Hulbert*

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.