No. 2
-2-43
17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14151

FILED APR 24 1946

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 65

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis 80
(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 1107 So. Osage 4
(If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph W. Donaldson
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Wid ✓
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 17 (Day) 1867 (Year)

8. AGE: Years 78 Months 11 Days 28 If less than one day hr. min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Coach Carpenter
11. Industry or business: M.K.T. RR
MOTHER FATHER
12. Name: Joseph Donaldson
13. Birthplace: Ky (City, town, or county) (State or foreign country)
14. Maiden name: Mary F. Groves
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Mable Boeschen
(b) Address: Harrisonville Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Bakersfield Calif
18. (a) Signature of funeral director: Mahan and Son
(b) Address: Moberly Mo
19. (a) Mar 15-46 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1946 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from 3-14, 1946, to 3-15, 1946, that I last saw him alive on 3-15, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Crushing of chest
Due to: automobile accident
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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): accident
(b) Date of occurrence: 3-14-46
(c) Where did injury occur? country (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? highway 63
While at work? (Specify type of place) (e) Means of injury: 0
23. Signature: L. L. McCormick (M. D. or other) M.D.
Address: Moberly Mo Date signed 3-15-46

24. (Licensed Embalmer's Statement on Reverse Side)

13054

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

AUG 1 3 1947

RECEIVED
District Health Officer No. 10
District File Number 4-46-831
Date Filed APR 2 2 1946

AUG 1 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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.

No. 2B
—3-45
X43880

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

State File No. May

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 658

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph H. Donaldson

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 Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 17 (Day) 1846 (Year)

8. AGE: Years 78 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to auto turned over on hiway

Due to slick roads no collision

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) accident

(b) Date of occurrence

(c) Where did injury occur? State hiway (City or town) Randolph (County) mo (State)

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

While at work? traveling (e) Means of injury auto

23. Signature F. L. McCormick (M. D. or other) MD

Address Moberly mo Date signed 4-29-46

SUPPLEMENTARY

13054

AUG 1 14151
AUG 1 1945

AUG 1 1945