

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27480**

Registration District No. **156** Primary Registration District No. **2001** Registrar's No.

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
719 Picher /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper 49**
(c) City or town **Joplin 2**
(If outside city or town limits, write "RURAL") **5**
(d) Street No. **719 Picher** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Arthur M. F. (Shady) McDonald**
(b) If veteran, name war **None** (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **31**
year **1946** hour **9** minute **00** a.m.
21. I hereby certify that I attended the deceased from **7-31** 19**46** to **7-31** 19**46**
that I last saw him alive on **7-31** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 15, 1869**
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **940**

8. AGE: Years Months Days If less than one day
76 8 16 hr. min.

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

9. Birthplace **Granby Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith & Millman**

11. Industry or business
12. Name **Spencer A. McDonald**
13. Birthplace **Hickory Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah A. Smith**
15. Birthplace **Newton County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cora McDonald**
(b) Address **719 Picher, Joplin, Mo.**
17. (a) **Burial** (b) Date thereof **8-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fairview Cemetery**

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) (a) Means of injury _____
23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **Joplin Mo** Date signed **8/1/46**

18. (a) Signature of funeral director **Hurlbut Und. Co.**
(b) Address **Joplin, Missouri**
19. (a) **8-3-46** (b) **Ed James**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

20319 Mr. Kishon

19
12

138

46-7-681

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 *Cling M. Dungey*

Licensed Embalmer No. *3566*
212 Giplin St
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.