S. No. 2
M—5-43
. 5-17-39
I X36671

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

29407

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30575

Registration District No. 7X8 Primary Registration District No. 5368 Registrar's No. 284

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1915 Hazel / (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 33 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence (Rural) (If outside city or town limits, write "RURAL") 0

(d) Street No. 1915 Hazel (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lucy Ellen Donaldson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Femal /

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Washington M. Donaldson

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 14 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	3	2	hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name William Walker
13. Birthplace No Record (City, town, or county) ~~Illinois~~ (State or foreign country)

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

16. (a) Informant Jesse Lee Donaldson

(b) Address 1915 Hazel

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 19 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Lacon Illinois

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) 8-30-46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1946 hour 3 minute A 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 Deputy Coroner — Duration

Due to Hyperhrophy of Heart

Due to Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 950

Of autopsy See Above

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)

(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

23. Signature A. E. Fisher (Coroner or other)

Address Bonne Terre Date signed 8/17/46

SJ 4 (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 Carland Minion

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.