No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35915

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 135

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Same (Specify whether
In this community 2 yrs 2 mo 24 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry HENRY
(c) City or town Urich 108
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME DORA J. McDONALD

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Fem 1 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 9 (Month) 10 (Day) 1866 (Year)

8. AGE: Years 80 Months 1 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name John T McDonald
13. Birthplace Ill (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary Snedigar
15. Birthplace Mo (City, town, or county) 9 (State or foreign country)

16. (a) Informant Hospital record
(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 31 (Day) 46 (Year)
(c) Place: burial or cremation Mullens Cem.

18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo

19. (a) 10-31-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1946 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from 7-5-44, 19__, to 10-29, 1946
that I last saw her alive on 10-29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis

Due to Senile Dementia Deteriative

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy No

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)
(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 R. G. Hall M.D. (M. D. or other)
Address Nevada, Mo. Date signed 10/31

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 7,
District File Number 10-46-2026
Date Filed 11-6-46

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 Fred W. Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.