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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 21 1947**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43523**

Registration District No. **156** Primary Registration District No. **200** 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:  
**St. John Hospital** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week**  
(Specify whether  
In this community **Entire life**  
years, months or days)

3. (a) PRINT FULL NAME **JOHN McDONALD**  
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex **Male 0** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Louise** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **October 30 1906**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**40 1 30** hr. min.

9. Birthplace **Joplin Missouri 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Real Estate Dealer**

11. Industry or business

MOTHER { 12. Name **Arch McDonald**  
FATHER { 13. Birthplace **Texas County Missouri 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rosa Lee Campbell**  
15. Birthplace **Emporia Kansas 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis McDonald**  
(b) Address **1245 Crest Drive, Joplin, Mo**

17. (a) **Burial** (b) Date thereof **12-31-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope**

18. (a) Signature of funeral director **Parker-Hunsaker**  
(b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **1-3-47** (b) **[Signature]**  
(Date received local registrar) (Registrar's denatur)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Newton 73**  
(c) City or town **Neosho 3**  
(If outside city or town limits, write "RURAL") **2**  
(d) Street No. **317 So. Hamilton**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **29**  
year **1946** hour **1:50** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 15 1946** to **Dec 29 1946**  
that I last saw him alive on **Dec 29 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Purchase of**  
**leaves of**  
**absence**  
Due to **cause unknown**

Duration  
**6 Mo**

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

Major findings:  
Of operations **4B**  
Of autopsy

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?

While at work? (Specify type of place) Means of injury **0**

23. Signature **[Signature]** (M. D. or other)  
Address **Joplin, Mo** Date signed **12/31-46**

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

138

JAN 30 1947

JAN 22 1947

**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..... *F. M. Jones* .....

..... Licensed Embalmer No. *2319* .....

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.**