

FILED FEB 24 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **229**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1401 Felix Street
(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 **59 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **1401 Felix St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lee Landis McDonald**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Lucia McDonald**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **March 19 1874**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 72 | 10 | 26 | hr. _____ min. _____ |

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

10. Usual occupation **Dental Surgeon**

11. Industry or business **Denistry**

12. Name **Daniel McDonald**

13. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Landis**

15. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lucia McDonald**

(b) Address **St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **2/18/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mora Cemetery**

18. (a) Signature of funeral director **Heaton B. Staley & Bowman**

(b) Address **St. Joseph, Mo.**

19. (a) **2-19-47** (b) **L. L. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **15**
year **1947** hour **5:35** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 1938** to **15 Feb. 1947**
that I last saw him alive on **15 Feb. 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **Arterio sclerosis** **10 yrs?**
Broncho pneumonia **48 hrs.**

Due to _____

Other conditions (Includes pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **94A**

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) (e) Means of injury

23. Signature **Willie G. McDonald** (M. D. or other) **M.D.**
Address **301 N. 8th St.** Date signed **16 Feb 47**

JUL 1 1949

MAR 3 1953

MAR 3 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 Eugene Wood.....

Licensed Embalmer No. 3804.....

P. O. Address 318 1/2 10th St Joseph, 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.