

No. 12-45
5-17-39
I X47070

FILED MAR 12 1947

Registration District No. _____

Primary Registration District No. **4107**

Registrar's No. **14**

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

1. PLACE OF DEATH:

(a) County **Cedar**

(b) City or town **El Dorado Springs**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Martha Chambers Nursing Home
(If not in hospital or institution, write street/number or location)

(d) Length of stay: In hospital or institution **4** (Specify whether _____)
years, months or days

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wannon** **20**

(c) City or town **El Dorado Springs**
(If outside city or town limits, write "RURAL")

(d) Street No. **210 E. High Tower Street**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mary Ethel McDonald**

3. (b) If veteran, name war **✓**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **27**
year **1947** hour **7** minutes **45** P.M.

21. I hereby certify that I attended the deceased from **29 January**
1947 to **27 February**, 19**47**

that I last saw her alive on **27 February**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **W.**

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

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

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased: **Jan 21 1880**
(Month) (Day) (Year)

Immediate cause of death **Broncho, Pneumonia** Duration **6 Days**
Hypostatic.

8. AGE: Years **67** Months **1** Days **6** If less than one day
hr. _____ min. _____

Due to **2nd & 3rd BURNS OVER BACK + GLOVEAL REGION. APPROX 20% BODY** **1 Month**

Due to **Accidental Injury**

9. Birthplace: **Cooper Co. Missouri**
(City, town, or county) (State or foreign country)

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

Major findings:
Of operations: **0**

10. Usual occupation **Home Keeper**

11. Industry or business _____

Of autopsy: **0**

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name **Robert Marshall Schuttler**

13. Birthplace **Cooper Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Fancy Jane Davis**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Catherine Souice**

(b) Address **Salina, Mo.**

17. (a) **Burial** (b) Date thereof **Mar 1st 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **El Dorado Springs, Mo.**

18. (a) Signature of funeral director **Allen Hays**

(b) Address **Merata, Mo.**

19. (a) **3/1/47** (b) **J. C. Brannan**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident** **11**

(b) Date of occurrence **27 January**

(c) Where did injury occur? **E. Dorado Springs Cedar Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
AT HOME

While at work? _____ (Specify type of place)
(e) Means of injury **Fire**

23. Signature **N. L. Clayson** (M. D. or other) **M.D.**

Address **El Dorado Springs Mo** Date signed **28 Feb 47**

RECEIVED
District Health Officer No. 7,
District File Number 9-47-286
Date Filed 3-11-47

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 *Allen T. Hays*.....

Licensed Embalmer No. *1968*.....

P. O. Address *Nebraska 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.