

Sarno  
Registration District No. **242**

Primary Registration District No. **4361**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County... **New Madrid**

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

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **5 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**

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

(d) Street No. ....  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Robert L. McDonald**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Fannie McDonald** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **4 29 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	11	20	hr. min.
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9. Birthplace **Huntsville Ala.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER

12. Name **Francis McDonald**

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

14. Maiden name **Unknown**

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

16. (a) Informant **R. C. McDonald**  
(b) Address **Canalou, Mo.**

17. (a) **Burial** (b) Date thereof **4/21/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston, Mo.**

18. (a) Signature of funeral director **H. W. Albritton**

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

19. (a) **5-6-47** (b) **Thomas M. Shooter, Jr.**  
(Data received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **4** day **19**  
year **1947** hour **11** minute **30** P.M.

21. I hereby certify that I attended the deceased from **4-10**  
**1947** to **4-19**, 19**47**  
that I last saw him alive on **4-19**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to .....

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **949**

Of autopsy .....

Duration **1**

**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? .....

(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 **Sarno MD** (M. D. or other) **0**  
Address **Morehouse, Mo.** Date signed **4/23/47**

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

5-9-47  
Sarno

RECEIVED

District Health Office No.

District File Number 547-6

Date Filed 2-2-47

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.....

*John Allerton*

Licensed Embalmer No. 2941

P. O. Address Superior Ave

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.