S. No. 2
M—2-43
7. 5-17-39
I · X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1947

Registration District No. 119

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17518

Primary Registration District No. 1002

Registrar's No. 2004

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
715 West 76th
(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 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 715 West 76th 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles A. Mc Donald

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race Wh

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

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Aug. ~~16~~ ~~1886~~ 15 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days ~~18~~ 17 If less than one day hr. min.

9. Birthplace Riley Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

11. Industry or business

FATHER
12. Name Chas. McDonald
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Barton
15. Birthplace Iowa
(City, town, or country) (State or foreign country)

16. (a) Informant Mrs Ruby A McDonald
(b) Address 715 West 76th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 47
(Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Marlyn Joe
(b) Address 7406 Wornall Rd.

19. (a) 5-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Oct 5, 1947 Corr Bill

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1947 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 46 to — 19..., 19..., that I last saw him alive on 3 May 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	15 min
Due to Rheumatic Heart Dis - 15 yrs?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert W Myers (M. D. or other)
Address 1025 Rialto Bldg Date signed 5 May 47

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 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 Harlyn Poe

Licensed Embalmer No. 2810

P. O. Address T. C. Miss

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri } ss.
County of Jackson

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7004

On this 9th day of September, 1947, before me appears Mrs. Ruby A. McDonald, who, upon her oath, states that the original record of ~~birth~~ death for Chas. A. McDonald died ~~born~~ May 3, 1947, in the State of Missouri, and which was filed at Kansas City on 5-5, 1947, should be corrected as follows:

Item No. 7 should read August 15, 1886
Instead of August 16, 1886

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and ~~belief~~.

(SEAL)

Affiant Mrs Ruby A. McDonald
Relationship (wife)
715 N. 76th st.
Present Address. K. C. Mo.

Subscribed and sworn to before me this 9 day of Sept, 1947.

My Commission expires Oct 20-1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

17518