

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24275

FILED AUG 13 1947
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3163

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: **Northeast Hospital**
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution **7-16-47-7-25-47**
(Specify whether years, months or days)
 In this community: **25 years**

3. (a) PRINT FULL NAME: **Charles A. McDonald**
 3. (b) If veteran, name war: **no**
 3. (c) Social Security No.: **487-16-6039**

4. Sex: **male**
 5. Color or race: **white**
 6. (a) Single, widowed, married, divorced: **married**
 6. (b) Name of husband or wife: **Inger**
 6. (c) Age of husband or wife if alive: **49** years
 7. Birth date of deceased: **June 27 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	0	29	hr. min.

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

10. Usual occupation: **Boiler Maker**

11. Industry or business: **City of Kansas City, Mo.**

MOTHER FATHER
 12. Name: **U N**
 13. Birthplace: **KNOX**
(City, town, or county) (State or foreign country)
 14. Maiden name: **W N**
 15. Birthplace: **N**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Inger McDonald**
 (b) Address: **5720 St. John**

17. (a) **burial** (b) Date thereof: **7-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. St. Mary's**

18. (a) Signature of funeral director: **C. H. Blackman & Son Inc.**
 (b) Address: **Kansas City, Mo.**

19. (a) **7-28-47** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Missouri** (b) County: **Jackson**
 (c) City or town: **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No.: **5720 St. John**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **25**
 year **1947** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 21**, 19**46** to **July 26 25**, 19**47**
 that I last saw him alive on **July 26 25**, 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Decompensated myocarditis**
 Duration: **3 days**
 Due to: **Essential hypertension** **1 yr.**

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

Major findings: _____
 Of operations: _____
 Of autopsy: **93 d**
 Underline the cause of 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? _____ (M. D. or other) _____

23. Signature: **J. J. Gosh** (M. D. or other) **D. D.**
 Address: **5902 St. John** Date signed: _____

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USE

10. Usual occupation Boiler Maker
11. Industry or business City Of Kansas City, Mo.
- MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
- MOTHER FATHER { 14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Inger Mc Donald
- (b) Address 5720 St. John
17. (a) Burial (b) Date thereof July 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Mt. St. Mary's
18. (a) Signature of funeral director C.H. Blackman & Son Inc.
- (b) Address Kansas City Mo.
19. (a) 7-28-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 sta-
tistically.

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 J. J. Pochik (M. D. or other) DO
- Address KC Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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 O. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.