. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1947

Registration District No. 915

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35079

Primary Registration District No. 5783

Registrar's No.

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Iberia, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no (Specify whether
In this community: all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miller
(c) City or town: Iberia, Rural
(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: Joseph Mc Donald
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Dora Ellen
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: January (Month) 2 (Day) 1870 (Year)

8. AGE: Years 77 Months 9 Days 10 If less than one day hr. min.

9. Birthplace: Tuscumbia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
MOTHER FATHER
12. Name: James Edward McDonald
13. Birthplace: (City, town, or county) Scotland (State or foreign country)
14. Maiden name: Sarah Belgee
15. Birthplace: (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Gay McDonald
(b) Address: Iberia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 14 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Iberia Cemetery
18. (a) Signature of funeral director: Walter V. Hedge
(b) Address: Iberia Mo
19. (a) Oct 13 47 (Date received local registrar) (b) Jessie Perkins (Registrar's signature) 105

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 12 year: 1947 hour: 7 minute: 00 A.M.

21. I hereby certify that I attended the deceased from Oct 8, 1947, to Oct 12, 1947, that I last saw him alive on October Oct 11, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	4 days
Due to: Coronary Artery Disease	yrs
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0 4 A
Of autopsy:

PHYSICIAN
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? (e) Means of injury: 2

23. Signature: M. A. Gould (M. D. or other) DO
Address: Iberia Mo. Date signed: 10/12/47

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

Jefferson City Printing Co.

(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~~ Walter D. Hedge, Registered Apprentice No. ....., working under my personal supervision.

Signed Walter D. Hedge

Licensed Embalmer No. 4265

P. O. Address Berea, 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.