. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 3247

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36677

Registrar's No. 2199

1. PLACE OF DEATH:
(a) County: Unknown
(b) City or town: American Airlines (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute To St. Louis, Mo. 3 (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: None

2. USUAL RESIDENCE OF DECEASED:
(a) State: Michigan (b) County: 999
(c) City or town: Detroit 20 (If outside city or town limits, write "RURAL")
(d) Street No. 219 Tuxedo Ave. 0 (If rural, give location)
(e) Citizen of foreign country? No. 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Archie Mac Donald
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Norma Mac Donald
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: Nov. 9, 1903 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
43	10	18	____ hr. ____ min.

9. Birthplace: Detroit (City, town, or county) Michigan (State or foreign country) 1
10. Usual occupation: Pres. Truing Brake Shoe Co.
11. Industry or business:
FATHER 12. Name: Dr. F. W. Mac Donald
13. Birthplace: Ontario (City, town, or county) Canada (State or foreign country) 2
MOTHER 14. Maiden name: Ada Hutton
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Dr. F. W. Mac Donald
(b) Address: 219 Tuxedo, Detroit Michigan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9)30)47 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem. Detroit Mich
18. (a) Signature of funeral director: Colliers Funeral Home
(b) Address: 10123 St. Chas. Rd.
19. (a) 10-17-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Sept. day: 27, year: 1947 hour: 6 minute: 30 A.M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death:	
Cause unknown	
Due to:	
Due to: 2000	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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) 0
While at work? (e) Means of injury
23. Signature: [signature] (M. D.)
Address: Commissioner of Health Date signed: 10-16-47

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed. Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. [illegible]

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.