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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16887

FILED MAY 24 1948

Registration District No. 3 5 Primary Registration District No. 3039 Registrar's No. 172

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")
(d) Street No. 208 E. Santa Fe 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie McDonald
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife David W. McDonald
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 18 (Day) 1873 (Year)

8. AGE: Years 74 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Bucklin (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name M V Lawson
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Laura C Williams
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Doris Hise
(b) Address Marceline Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bucklin
18. (a) Signature of funeral director James M Laughlin
(b) Address Marceline, Mo
19. (a) May 10-48 (Date received local registrar) (b) Mary Jane Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 4 minute 25 P.M.
21. I hereby certify that I attended the deceased from April 23, 1948, to May 9, 1948, that I last saw her alive on May 5, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration
Due to Thrombophlebitis, left
Due to Arteriosclerotic Heart Dis.
Cardiac Decompensation
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
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? (c) Means of injury
23. Signature Robert L Smith (M. D. or other)
Address Marceline, Mo Date signed May 10, 1948

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Blanche M. Laughlin

Licensed Embalmer No. 1969

P. O. Address Maryville 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.