FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18705

Registration District No. 37 Primary Registration District No. 5119 Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Centralia Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Boone 10
(c) City or town Centralia 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME BRYANT HENRY McDONALD
3. (b) If veteran, name war ✓
3. (c) Social Security No.

4. Sex M O
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of ~~husband~~ or wife Lucy Evans McDONALD
6. (c) Age of ~~husband~~ or wife if alive 35 years
7. Birth date of deceased FEB - 18 - 1912 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	3	16	— hr. — min.

9. Birthplace Audrain Co. Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Contractor
11. Industry or business
FATHER
12. Name Claud McDonald
13. Birthplace Audrain Co. Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nattie Stevenson
15. Birthplace Audrain Co. Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lucy McDonald
(b) Address Centralia Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof June 7-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Centralia Mo.
18. (a) Signature of funeral director Grover Jernigan
(b) Address Centralia Mo
19. (a) 6/9/1948 (Date received local registrar) (b) Lucil McBride Deputy 30 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1948 hour 8 minute 45 P.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: Asphyxiation	
Due to: Drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 183	
Of autopsy 36	

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) Accident
(b) Date of occurrence June 4-48 10
(c) Where did injury occur? Boone County Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public lake (Specify type of place)
While at work? — (e) Means of injury —
23. Signature E Swan 3 Coroner (M. D. or other)
Address Columbia Mo Date signed 6/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 16 1948

MAY 21 1953

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 Glenn Jernigan

Licensed Embalmer No. 4270

P. O. Address Centralia 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.