No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 100

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5390

State File No. 19055

Registrar's No. 38

1. PLACE OF DEATH:
(a) County: Dent
(b) City or town: Rural - Springcreek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dent
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Near Salem, Missouri
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

33 0 0 0

3. (a) PRINT FULL NAME: Isaac E. McDonald
3. (b) If veteran, name war: --
3. (c) Social Security No.: --
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mable McDonald
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: October 25, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	7	12	hr. min.

9. Birthplace: Dent County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: William McDonald
13. Birthplace: No Record (City, town, or county) (State or foreign country)
14. Maiden name: Mary Fink
15. Birthplace: No record (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. I. E. McDonald
(b) Address: Salem, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Cedar Grove Cem.
18. (a) Signature of funeral director: Earl Spencer
(b) Address: Salem, Missouri
19. (a) June 11-48 (Date received local registrar) (b) M. M. Hart M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 7 year: 1948 hour: 8:30 minute: A. M.
21. I hereby certify that I attended the deceased from May 1, 1948, 19..., to June 7, 1948, that I last saw him alive on May 29, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Prostatic Carcinoma	Duration: Unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diagnosis Clinical	
Major findings: Of operations: 5 B	
Of autopsy: None	

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:
23. Signature: I. E. McDonald (M. D. or other) MD.
Address: Salem Date signed: 6/11/48

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

RECEIVED 6-15-48
District Health Office No. 1
District File Number 648 346
Date Filed 6-15-48

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.