

S. No. 300  
M-10-47  
rv. 5-17-39  
I 3908

29351

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 21 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 112

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Non  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Non (Specify whether)

In this community 3 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Kennett Mo 2  
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Del  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Electra Caldonia McDonald

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1  
year 1948 hour 5 minute 30 p. m.

21. I hereby certify that I attended the deceased from 9-1, 19 48, 9-1, 19 48  
that I last saw her alive on 9-1, 19 48  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hugh McDonald 6. (c) Age of husband or wife if alive Dec years 18 1873

7. Birth date of deceased 2 (Month) 18 (Day) 1873 (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Undetermined

8. AGE: Years 73 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Near Mayfield, Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife-own home

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 83A

11. Industry or business non

MOTHER FATHER { 12. Name Andy Barry

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Wright

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. A.C. McDonald

(b) Address Paragould, Ark-Rfd #4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Center Hill Cemetery

18. (a) Signature of funeral director Randal L. Mitchell

(b) Address Paragould, Ark

19. (a) 9-13-1948 (b) Carl Thompson (Registrar's signature) 90  
(Date received local registrar)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. J. Denson (M. D. or other) MD  
Address Kennett, Mo. Date signed 9-10-48

RECEIVED

District Health Office No. 2,

District File Number 448-1190

Date Filed 9-20-48

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**