

S. No. 2  
M-5-43  
5-17-39  
I X38671

FILED OCT 25 1948  
Registration District No. **383**

Primary Registration District No. **5653**

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

**1. PLACE OF DEATH:**  
 (a) County Lauer  
 (b) City or town Haber, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: X 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community about 43 years years, months or days)

**3. (a) PRINT FULL NAME** John William McDonald  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Widia 6. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased Sept 3 1860  
 (Month) (Day) (Year)

**8. AGE:** Years 88 Months 1 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace French Village, Jefferson Co Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retail Farmer

11. Industry or business Stock Raising

**MOTHER FATHER** 12. Name Joseph W. Donald

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

14. Maiden name Nesbitt

15. Birthplace French Village Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Geo Leo Ott

(b) Address Haber, Mo

17. (a) John Widia Date thereof Oct 17 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director Geo B Carr

(b) Address W. W. Wagoner Mo

19. (a) 10-18-48 (b) Geo W. Wagoner  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Lauer  
 (c) City or town Haber, Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 15  
 year 1948 hour 10 minute 2 M.  
 21. I hereby certify that I attended the deceased from Oct 14  
 to 10/11/48 1948  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Serubility - with circulatory failure  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 160 B  
 (include pregnancy within 3 months of death)

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

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?  
 \_\_\_\_\_

23. Signature Geo W. Wagoner (M. D. or other)  
 Address W. W. Wagoner Mo Date signed 10/17/48

Duration \_\_\_\_\_  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 6,  
District File Number 1048-1190  
Date Filed 10-23-48

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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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon, 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.**