

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2295

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Richmond, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>62 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>545 E. Buchanan St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>545 E. Buchanan St.</u>		Y	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elijah</u>	b. (Middle) <u>-</u>	c. (Last) <u>McDonald</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1/29/49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 2, 1886</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 2 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel Work</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Edna McDonald</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-07-1854</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna McDonald, Richmond, Mo</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Primary carcinoma of right lung</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>162</u>			

19a. DATE OF OPERATION <u>10/7/48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Primary Ca of rt. lung with metastases</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Aug 26, 1948, to Jan. 29, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 10: A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.K. Johnson M.D.</u>	23b. ADDRESS <u>Richmond Mo.</u>	23c. DATE SIGNED <u>2/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/31/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunnyslope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 2, 1949</u>	REGISTRAR'S SIGNATURE <u>Michael Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Life F. Home, Richmond, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8.

District File Number \_\_\_\_\_

Date Filed 2-11-49

MAR 9 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Louis Sweet

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4096

P. O. Address Richmond, Va

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.