

FILED NOV 24 1950 STANDARD CERTIFICATE OF DEATH

State File No. 1644

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>388</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>3300 Helen Avenue</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Yards</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>John R. McDonald</u>			b. (Middle) <u></u>		c. (Last) <u></u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 15, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 4, 1887</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Sidney Australia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>John Robert McDonald</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Prince</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Henderson McDonald</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edith McDonald Hannibal Missouri</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>VERDICT OF JURY: Accidentally death by</u>					INTERVAL BETWEEN ONSET AND DEATH <u>35</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>being run over by a loaded railroad</u>						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>car, while performing his duties</u>				<u>E. 002</u>		
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>as an employ of the Wabash</u>				<u>35</u>		
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>Railroad</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		(Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Wabash Yards</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Missouri</u>		<u>119</u>		
21d. TIME OF INJURY <u>11/15/50 10:02 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Run over by a train.</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>H. Crawford Smith</u>				(Degree or title) <u>Coroner 3</u>		23b. ADDRESS <u>902 Broadway Hannibal Missouri</u>		
23c. DATE SIGNED <u>10/17/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/17/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>		
24d. LOCATION (City, town, or county) (State) <u>Hannibal Ralls Missouri</u>		DATE REC'D BY LOCAL REG. <u>11-17-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. C. White</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Crawford Smith Hannibal Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 20 1950

DATE FILED

HEALTH DEPT.
NOV 22 1950

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.

Student
Student Embalmer

Signed John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.