

2  
-39  
19  
1492

Registration District No. **137**

Primary Registration District No. **4117**

**1. PLACE OF DEATH:**

(a) County Henry  
(b) City or town Wrench  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wrench  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓ (Specify whether)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME Robert E. McDonald

3. (b) If veteran, name war — (c) Social Security No. —

4. Sex m 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Pella A 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased 4 (Month) 19 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>13</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business —

MOTHER FATHER { 12. Name Joseph D McDonald

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

14. Maiden name Mary M Ludwig

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

16. (a) Informant Mrs John Sturtevant  
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 12 4 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mullins Cem

18. (a) Signature of funeral director Fred Wilkinson  
(b) Address Clinton Mo

19. (a) 12-4-46 (b) R. B. Kemsley  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Henry  
(c) City or town Wrench  
(If outside city or town limits, write "RURAL")  
(d) Street No. — (If rural, give location)  
(e) If foreign born, how long in U. S. A. — years

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 2  
year 1946 hour 4:00 minute — A. M.

21. I hereby certify that I attended the deceased from Aug  
1943 to Dec 21 1946  
that I last saw him alive on Dec 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1/2 hr  
Arteriosclerosis 3 1/2 yrs

Due to —  
Due to —  
Other conditions —  
(Include pregnancy within 9 months of death)

PHYSICIAN  
Major findings: —  
Of operations —  
Of autopsy —  
Underline the cause to 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? —

While at work? — (Specify type of place) (c) Means of injury —

23. Signature J. E. McDonald (M. D. or other)  
Address Wrench Mo Date signed 12/3/46

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

RECEIVED  
DISTRICT HEALTH OFFICE, NO. 7,  
DATE RECEIVED 11-16-38  
DATE FILED 12-10-38

**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 Ed W. Johnson  
Licensed Embalmer No. 2078  
P. O. Address Clinton, N.Y.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.