

LEG'G JAN 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42461
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 82
(b) Township Marion Primary Registration District No. 5723
(c) City Easton (d) Street No. Route # 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 52 yrs. 2 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph S. Donaldson

(a) Residence, No. 543 St. Easton, Missouri, Route 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 2 5

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) August, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Easton, Missouri.
(STATE OR COUNTRY)

FATHER 13. NAME Thomas Donaldson
14. BIRTHPLACE (CITY OR TOWN) Marion Township, Missouri.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Aniser,
16. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Octa Donaldson,
(ADDRESS) Easton, Missouri Route #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blakeley Cemetery DATE January 2, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhopper
(ADDRESS) 1302 Faraon St., St. Joseph, Mo.

20. FILED 110 19 27 Dr. Bigham
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 1 to Dec 31
I last saw him alive on Dec 20, 1938. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

Alcoholic Poisoning
Date of onset unknown
Other contributory causes of importance: 68

Name of operation none Date of none
What test confirmed diagnosis Urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) John J. Bynum M. D.
82 (address) Corby Bldg., St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-110028

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,

Wilbur Kelly

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

W. A. Kelly

Licensed Embalmer No. Mo. 3946.....

P. O. Address St. Joseph, 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, above space should be left blank.