

DEC'D JAN 14 1938

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

42462

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 82
(b) Township Marion Primary Registration District No. 5/23
(c) City Easton (d) Street No. _____ 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 yrs. 6 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 112. PRINT FULL NAME Larry Joseph Donaldson

(a) Residence, No. R.F.D. # Easton, Mo. St.
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1938
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
0 6 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Joseph Missouri
(STATE OR COUNTRY)13. NAME Denzel Donaldson14. BIRTHPLACE (CITY OR TOWN) Easton Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Louella DeVare16. BIRTHPLACE (CITY OR TOWN) Easton Missouri
(STATE OR COUNTRY)17. INFORMANT Denzel Donaldson
(ADDRESS) R.F.D. # Easton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Blakeley Cem. DATE 12/31/3819. FUNERAL DIRECTOR (NAME) Walter Meierhoffer
(ADDRESS) 1302 Farson Sts. St. Joseph, Mo.20. FILED 1/10 19 29 W. B. Richardson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29, 193822. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1938, to Dec 29, 1938I last saw h. im alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00P.m.

The principal cause of death and related causes of importance were as follows:

Branchial PneumoniaDate of onset
Dec 16
1938

Other contributory causes of importance:

Fallacious a Common ColdName of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? _____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? No

If so, specify _____

(Signed) W. B. Richardson M. D.(Address) 301 Ballouer Bldg
St. Joseph Mo

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, Yes

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

Signed..... *W. A. Kelly*

Licensed Embalmer No. Mo. 4639

P. O. Address 1302 Faraon Sts. St. Joseph,

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.