

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

39496
Do not use this space.

1. PLACE OF DEATH
 (a) County Douglas Registration District No. 288
 (b) Township _____ Primary Registration District No. 4172 Registered No. _____
 (c) City Kennett (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Paula Rayburn Donaldson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Donaldson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 26

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. at Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Paula
 (STATE OR COUNTRY) Mississippi

FATHER 13. NAME William C. Rayburn

14. BIRTHPLACE (CITY OR TOWN) Miss
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY)

17. INFORMANT Phos J. Donaldson
 (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Nov-29-39

19. FUNERAL DIRECTOR (NAME) Hubbaldson
 (ADDRESS) Kennett, Mo.

20. FILED 11-30 1939 Thelma Davis
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to Nov 28, 1939.
 Last saw him alive on Nov 28, 1939. Death is said to have occurred on the date stated above, at 1:15 m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy Cerebral
 Date of onset _____

Other contributory causes of importance: SAW

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Paul Baldwin, M. D.
 (Address) Kennett 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.

RECEIVED

District Health Officer No. 3,

District File Number 1239-728

Date Filed 12/11/39

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 [Signature].....

Licensed Embalmer No. 2556-.....

P. O. Address Fennell, Mo.....

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.