No. 2
11-10-39
5-17-39
I X21492

4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26041

AUG 21 1940

Registration District No. 700 Primary Registration District No. 5929 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Polk Jackson Twp

(b) City or town Aldrich Mo R2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Entire life 235

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Aldrich Mo R2 (If outside city or town limits, write "RURAL")

(d) Street No. Rural Jackson Twp (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Luther Columbus McDonald

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Catherine Heathman

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July -2- (Month) (Day) 1858 (Year)

8. AGE: Years 81 Months 11 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name William Anderson McDonald
13. Birthplace Tenn (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Nancy Kirby
15. Birthplace ..... (City, town, or county) Ky (State or foreign country)

16. (a) Informant Fred B McDonald

(b) Address Aldrich Mo R2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Dave A Brown

(b) Address Walnut Iron Mo

19. (a) 6/15/1940 (Date received local registrar) (b) Vyng Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from ~~June 1 1940~~ June 17 1940, to June 15 1940 that I last saw him alive on June 13 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Labor Pneumonia

Due to 108

Due to

Other conditions Chronic Endocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

Duration

PHYSICIAN

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? 629 (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature W. T. Myers (M. D. ~~or other~~) 1

Address Aldrich Mo. Date signed 6/16/1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
[illegible] Number 8-40-1179
[illegible] 8-10-40

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 Gene A Brown

Licensed Embalmer No. 7664

P. O. Address Walnut Grove 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.