

FILED MAR 31 1942 82

Registration District No. _____

Primary Registration District No. 5123

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Rural, Marion, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 2, Easton, Missouri,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1
(Specify whether
In this community 70 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan 011
(c) City or town Rural, 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2, Easton, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th.
year 1942 hour 4:00 minute 50 p.m.

21. I hereby certify that I attended the deceased from Jan
12, 1942 to Feb 19, 1942

that I last saw her alive on Feb 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cornary Thrombosis 2 months
Duration
Due to Myocardial degeneration 10 years.

Other conditions: Chronic Nephritis year
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 131
Of autopsy: _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature JM Axtens (M.D. or other) D.O.
Date signed 2/21/42

3. (a) PRINT FULL NAME Mary Donaldson,

3. (b) If veteran, name war: None, 3. (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife: Thomas L. Donaldson, 6. (c) Age of husband or wife if alive: 86 years

7. Birth date of deceased: April 28th, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 21 hr. min.

9. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

12. Name Joseph Aniser,

13. Birthplace Unknown, Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Henry,

15. Birthplace Buchanan County, Missouri, 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas L. Donaldson,

(b) Address R.F.D. # 2, Easton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/42
(Month) (Day) (Year)

(c) Place: burial or cremation Blakeley Cemetery
Reaton, Dr. Cal. Bowman, Jussca

18. (a) Signature of funeral director _____
(b) Address St. Joseph, Mo. - Home

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

11
00

1253

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 2-19-72

....., Registered Apprentice No.....

working under my personal supervision.

Signed *W. E. Cummings*

Licensed Embalmer No. 3207

P. O. Address 318 S. W. 1st St. No.

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, fact should be so stated above.