S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20918

State File No.

Registration District No. 190 Primary Registration District No. 5264 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Kinloch Gwy Medill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark 23

(c) City or town Medill 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Marie Donaldson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Wm. Donaldson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July (Month) 16 (Day) 1873 (Year)

8. AGE: Years 68 Months 10 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Leroy Hines
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Sarah Wardlow
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Wm. Donaldson
(b) Address Medill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mont Rose Iowa

18. (a) Signature of funeral director Gettinger Und.
(b) Address Kahoka Mo.

19. (a) 6-22-42 (Date received local registrar) (b) Perry S. Borton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1942 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from June, 19
, 1942, to June 19, 1942;
that I last saw her alive on June 19, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94 b

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Perry S. Borton (M. D. or other) DO
Address Kahoka, Mo Date signed 6-22-42

1273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number T-42-1419
Date Filed JUL 15 1942

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 Otis L. Gutting

Licensed Embalmer No. 2965-1

P. O. Address Luray 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, fact should be so stated above.