

S. No. 2  
M-5-43  
5-17-39  
I X36871

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 41 Primary Registration District No. 5131

1. PLACE OF DEATH:  
(a) County Buchanan,  
(b) City or town Rural, Tremont, Imp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Agency, Missouri,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 Months, (Specify whether)  
years, months or days)

3. (a) PRINT FULL NAME Thomas Larkin Donaldson,  
(b) If veteran, name war None, (c) Social Security No. None,

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Donaldson, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 22, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 1 28 hr. min.

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

10. Usual occupation Farmer,

11. Industry or business Farm,

12. Name Joseph Donaldson,

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

14. Maiden name Armelda Blakely

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

16. (a) Informant Mrs. Thomas Barton,

(b) Address Agency, Missouri,

17. (a) Burial (b) Date thereof 1/ /44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blakely Cemetery

18. (a) Signature of funeral director M. G. Blakely & Bowman, F.H.

(b) Address 319 So. 10th. Street,

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County Buchanan 11  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Agency, Missouri,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, 1944  
year 1944 hour 11:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from  
Jan. 19, 1944 to 1/20/44  
that I last saw him alive on January 20th, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Chronic Myocarditis, Unk.  
Due to Congestion of lungs, Unk.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None  
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 J. C. Starnes, Jr. (M. D. or other) \_\_\_\_\_  
Address Cower, Missouri Date signed 1/20/44

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

MOTHER FATHER

1001

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**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 *Frank A. Brown*

Licensed Embalmer No. 1710

P. O. Address *St. Joseph 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.**