

FILED FEB 14 1944

Registration District No. 5379

Registrar's No. 171

1. PLACE OF DEATH:

(a) County DeKalb  
(b) City or town Amity (Sherman Twp)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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, month or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb  
(c) City or town Amity (Sherman Twp)  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) James Alexander McDonald  
FULL NAME  
(b) If veteran, name war.....  
(c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 3  
year 1944 hour 8 minute P M.

4. Sex M 5. Color of face W  
6. (a) Single ~~widow~~ ~~married~~  
1 ~~times~~ married  
(b) Name of husband or wife Nellie McDonald  
6. (c) Age of husband or wife if  
alive 66 years  
7. Birth date of deceased Sept - 11 - 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
Dec 29 1943 to Jan 3 1944  
and that death occurred on the date and hour stated above.  
1944 1944

Immediate cause of death:  
Influenza  
Progressive Duration 1 week

8. AGE: Years 73 Months 3 Days 22  
If less than one day hr. .... min.

Due to .....  
Due to .....

9. Birthplace DeKalb Co. Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 33a

10. Usual occupation Farmer

Major findings:  
Of operations.....

11. Industry or business.....

Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

12. Name James W. McDonald

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

14. Maiden name Mary E. Basley

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

16. (a) Informant Mrs. Nellie McDonald

(b) Address Amity Mo

17. (a) Burial (b) Date thereof 1-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Stony Chapel, Cumby

18. (a) Signature of informant Mrs. Nellie McDonald

(b) Address Marysville Mo

19. (a) 1-8-44 (b) W. M. Reynolds  
(Date received local registrar) (Registrar's signature)

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. (U)

23. Signature W. M. Reynolds (M. D. or other) 1-6-44  
Address Union Star Mo Date signed.....

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

22  
0  
0

301 X32873

**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.....  
.....  
Licensed Embalmer No. 3960  
P. O. Address.....

**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.**