

FILED AUG 10 1944

State File No. _____

Registration District No. 227

Primary Registration District No. 5-804

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Rural Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 year 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City R.F.D. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Tandy Donaldson

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

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

6. (b) Name of husband or wife Josie 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 22 1854
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>89</u> | <u>6</u> | <u>22</u> | hr. _____ min. _____ |

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

10. Usual occupation Farmer Retired

11. Industry or business _____

12. Name Robert Donaldson

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

14. Maiden name Minerva's Stribling

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

16. (a) Informant Mrs Delbert Brugler

(b) Address Monroe City, Mo. R. 0

17. (a) Burial (b) Date thereof 7/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stoutsville Cemetary

18. (a) Signature of funeral director Nelson S...

(b) Address Monroe City, Mo

19. (a) 7-17-44 (b) M. G. G...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1944 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 14 1944
to July 14 1944
that I last saw live on and that death occurred on the date and hour stated above.

Immediate cause of death Thrombocytopenic purpura
Duration 7-16

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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 W. M. ... M. D. or other _____
Address ... Date signed 7-16-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6900

RECEIVED
District Health Officer No. 10
District File Number 8-44-1360
Date Filed AUG 8 1944

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 By me

....., Registered, Apprentice No.
working under my personal supervision.

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.