

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
FILED FEB 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. 1953

Registration District No. 5

Primary Registration District No. 4014

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 Mi East of Fairfax Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Mos. (Specify whether years, months or days)

3. (a) PRINT FULL NAME LARRY MAX DONELSON

3. (b) If veteran, name war 3. (c) Social Security No.

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

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

7. Birth date of deceased Aug 6 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Atchison Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Harner E. Donelson

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

14. Maiden name Bertha E. Cox

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

16. (a) Informant's own signature Harner E. Donelson

(b) Address Fairfax, Missouri

17. (a) Removal & Burial (b) Date thereof 7/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Open Burial in Mo.

18. (a) Signature of funeral director Harwin J. Schoeler

(b) Address Fairfax, Missouri

19. (a) Jan 6 - 46 (b) Mrs. H. D. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Mi East of Fairfax Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 5
year 1946 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 4
_____, 1946, to Jan 5, 1946
that I last saw him alive on Jan 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Infantile Convulsions Duration 3 1/2 hr.
Due to acute otitis media 2 days
Due to acute Rhinopharyngitis 5 days

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 1150

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)
By means of injury _____
23. Signature Harwin J. Schoeler (M. D. or other) MD.
Address Fairfax Mo Date signed 1-5-46

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

Rev. 6-1-30 1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Marvin H. Schoeler

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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, above space should be left blank.