

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9125

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) STAY (in this place) 18 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium.		d. STREET ADDRESS 1613 1/2 Northern Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) MARGARET c. (Last) DONALDSON			4. DATE OF DEATH (Month) (Day) (Year) April 7th, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 21, 1897	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR 9 Months 16 Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sale Lady		10b. JOB. KIND OF BUSINESS OR INDUSTRY Donnelly Garment Co.		11. BIRTHPLACE (State or foreign country) Plains, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Crum		13b. MOTHER'S MAIDEN NAME Harriett Comly		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 500-12-3674		17. INFORMANT'S SIGNATURE OR NAME Mrs Patricia Walters	
				ADDRESS 1613 Northern Indep. Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Breast		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastases DUE TO (c) to brain, spine, liver		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. c lungs		170X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14, 1942 to 4/7, 1950, that I last saw the deceased alive on 4/7, 1950 and that death occurred at 7:30 AM, from the causes and on the date stated above.

23a. SIGNATURE Shes X. Pratske, M.D.	(Degree or title)	23b. ADDRESS Independence Mo	23c. DATE SIGNED 4/7/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 10, 1950	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Mo.
DATE REC'D BY LOCAL REG. Apr. 8-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Indep. Mo.	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

APR 8 1950

MAY 10 1954

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Dixon L. Kessler*

Licensed Embalmer No. \_\_\_\_\_

*4225*

P. O. Address \_\_\_\_\_

*Indep. Md*

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.