

No. 2
4-13-40
5-17-39
I X21

1940
Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 993

1. PLACE OF DEATH: Buchanan
 (a) County Buchanan
 (b) City or town St. Joseph Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mercy Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one day
 In this community 1 day
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME William Edward Donovan
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. None

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 September 9 1940
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1
 If less than one day hr. _____ min. _____

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

10. Usual occupation None
 11. Industry or business _____

12. Name William H. Donovan
 13. Birthplace Maysville Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Wanza Mae Taylor
 15. Birthplace Maysville Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Enos Taylor
 (b) Address Maysville Mo

17. (a) Burial (b) Date thereof 9 11 40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maysville Mo

18. (a) Signature of funeral director W. E. ...
 (b) Address W. E. ...

19. (a) Sept. 11, 1940 (b) W. E. ...
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County De Kalb
 (c) City or town Maysville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th
 year 1940 hour 7 minute 02 P. M.
 21. I hereby certify that I attended the deceased from Sept. 9th
 1940 to Sept 10, 1940
 that I last saw him alive on Sept 10, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Cerebral presentation
 Due to Prolonged labor
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

Duration _____
 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?
85 (Specify type of place) _____
 While at work? _____ (e) Means of injury 3
 23. Signature W. E. ... (M. D. or other) Do.
 Address 773 ... Date signed 9-11-40

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

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

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.