

FILLED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28851  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 548  
(b) Township Liberty Primary Registration District No. 4323  
(c) City Palmyra or Palmyra (d) Street No. 37 (If death occurred in Hospital or Institution, write its name instead of street and number) St. 0  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bessie Donley

(a) Residence, No. Palmyra, Mo. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Van Donley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1904  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 5 23  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. House wife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 9yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.

FATHER 13. NAME George Freidank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.

MOTHER 15. MAIDEN NAME Lena Bullett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.

17. INFORMANT (ADDRESS) Van Donley  
Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo. DATE 8/27/41 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Broad  
Palmyra, Mo.

20. FILED Aug 27 - 41 Vertude Lee  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24 19 41  
22. I HEREBY CERTIFY, That I attended deceased from 8-23-1941 to 8-24-1941  
I last saw her alive on 8-24-1941. Death is said to have occurred on the date stated above, at 5:50 p.m.  
The principal cause of death and related causes of importance were as follows:

Plomaine poisoning  
66B  
Other contributory causes of importance:  
Hepatitis - Nephritis  
Faulty Elimination

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_  
(Signed) R.E. Long, M. D.  
(Address) 209 Pauline St  
Hassonville, Mo.

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.

JUN 25 1956

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 W. B. Lewis  
Licensed Embalmer No. 2382  
P. O. Address Salinas, Cal.

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.