

JAN 6 1942
Registration District No. 245

Primary Registration District No. 5339

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Dallas Lincoln, Miss
 (b) City or town Urbana, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Eugene Lloyd Donley
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th
 year 1941 hour 2 P M minute _____ M.
 21. I hereby certify that I attended the deceased from 12/10, 1941, to 12/13, 1941
 that I last saw him alive on 12/12/41, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Sarah Louise Donley 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 2 4 1856
 (Month) (Day) (Year)

Immediate cause of death Stroke myocardial
 Duration 3 min
 Due to _____
 Due to Conry Heart disease
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
<u>85</u>	<u>7</u>	<u>9</u>		hr. _____ min. _____

9. Birthplace Harrisburg Penna
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Donley 9

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

14. Maiden name _____ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant M E Donley

(b) Address Urbana, Mo.

17. (a) Burial (b) Date thereof Dec 14 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowers Chapel
 18. (a) Signature of funeral director Vaughan-Riser

(b) Address Urbana, Mo.

19. (a) Dec 31 1941 (b) E.C. Williams
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations 938
 Of autopsy _____
 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)
 (c) Means of injury _____
 23. Signature L A Klosser (M. D. or other) Om
 Address Urbana Mo. Date signed 12/24/41

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

0
0
0

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2089

Date Filed 1-5-42

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.....

Allen W. Vaughan....., Registered Apprentice No.....
working under my personal supervision.

Signed Allen W. Vaughan.....

Licensed Embalmer No. 156.....

P. O. Address.....

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.