

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10151

FILED APR 22 1942

Registration District No. 23

Primary Registration District No. 2006-5118

Registrar's No. 23

1. PLACE OF DEATH:

(a) County BOONE

(b) City or town COLUMBIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XX
(Specify whether years, months or days)

In this community: _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 010

(c) City or town COLUMBIA
(If outside city or town limits, write "RURAL")

(d) Street No. 311 FORSET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME ELLA JUSTICE DONAHO

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 22nd
year 1942 hour 7 minute P M

21. I hereby certify that I attended the deceased from March 1st
1942 to March 22 1942

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN W. DONAHO

6. (c) Age of husband or wife if alive 66 1/2 years

7. Birth date of deceased NOV. 24th 1876
(Month) (Day) (Year)

that I last saw her alive on March 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mycocarditis Acute
Branchioectasis Chronic

Due to _____

Due to General Arterio-sclerosis

8. AGE: Years Months Days If less than one day

<u>73</u>	<u>3</u>	<u>28</u>	hr. _____ min.
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9. Birthplace DAISY TENN
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

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

Major findings: 106 8

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name JOSEPH JUSTICE

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

14. Maiden name DONT KNOW

15. Birthplace TENN
(City, town, or county) (State or foreign country)

16. (a) Informant FRED DONAHO
(b) Address 311 FOREST AV

17. (a) REMOVAL (b) Date thereof MAR 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CORFEYVILLE, KANSAS

18. (a) Signature of funeral director [Signature]
(b) Address COLUMBIA

19. (a) 2-23-42 (b) E. J. Barber
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place)

While at work? _____ Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Columbia Date signed 3/24/42

1250 (Licensed Embalmer's Statement on Reverse Side)

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

110
2
4

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, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lyman H. Sprinkle*
Licensed Embalmer No. *4013*
P. O. Address *Columbia, 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.