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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. ~~819~~

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5465

State File No. 6321

Registrar's No. 187.

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town ~~Springfield~~ Rural N Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three Weeks (Specify whether years, months or days)
In this community ~~Six Years~~

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene 2
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 505 Boonville St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME Frank J. Donovan
3. (b) If veteran, name war None
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 None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased January (Month) 6 (Day) 1872 (Year)

8. AGE: Years 71 Months 1 Days 21 If less than one day ---- hr. ---- min.

9. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ------

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Mr. J. L. Greer
(b) Address 505 North Boonville Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Boonville Ave.
19. (a) 3-1-43 (Date received local registrar) (b) O. W. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th year 1943 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from Feb 9, 1943, to Feb 27, 1943, that I last saw him alive on Feb 25, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, Chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cirrhosis of Liver, Anemia	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature James R. Amos (M.D. or other)
Address Springfield Date signed 3-1-43

(Licensed Embalmer's Statement on Reverse Side)

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..... Fred C. Thieme

Licensed Embalmer No..... 2899

P. O. Address..... Springfield, 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.