No. 2
8-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18422

Registration District No. 212

Primary Registration District No. 5180

Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Miller

(b) City or town: Rural - Saline
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community: Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Miller

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

(d) Street No.: 3 mi. N.E. of Eldon
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: —

3. (a) PRINT FULL NAME: Francis - James - 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: — years

7. Birth date of deceased: April (Month) - 10 (Day) - 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	1	21	— hr. — min.

9. Birthplace: Conn. (City, town, or county) (State or foreign country)

10. Usual occupation: Catholic Priest

11. Industry or business: —

FATHER
12. Name: Michael - Donovan
13. Birthplace: — (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Mary - Mylinn
15. Birthplace: — (City, town, or county) Ireland (State or foreign country)

16. (a) Informant: Mary Donovan
(b) Address: Eldon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 - 4 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary Cem. K.C. Mo.

18. (a) Signature of funeral director: Keith M. Rayl
(b) Address: Eldon Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 1 year: 1943 hour: 7 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to June 1, 1943 that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration: 3 days

Due to: Varicosis — Duration: 2 yr.

Due to:

Other conditions (Include pregnancy within 3 months of death): No

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: G. D. Wells (M. D. or other)
Address: Eldon Mo. Date signed: 6/2/43

1114 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Deplt.
County File Number 43-42
Date Filed 6/5/43

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 Keith M. Kays.

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 212 Primary Registration District No. 5780 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution:

(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 (b) County

(c) City or town
(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 Francis J. Donovan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 10 (Day) 1883 (Year)

8. AGE: Years 58 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6-2-43 (Date received local registrar) (b) W S Spearman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

S.15422