

Registration District No. 341

Primary Registration District No. 3075

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County STODDARD

(b) City or town DEXTER  
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Mo. (b) County STODDARD 3

(c) City or town DEXTER 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES H. DONEHOO

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4  
year 1943 hour 4 minute 30 A. M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IDA DONEHOO 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JAN 16 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1st 1943 to Nov. 4 1943 and that last saw him alive on Nov 1st 1943 and that death occurred on the date and hour stated above.

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

66 9 18 hr. min.

Immediate cause of death Chronic Myocarditis 24

9. Birthplace WHITE CO. ILL.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 930

10. Usual occupation RETIRED

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy NO

MOTHER FATHER { 12. Name JOHN DONEHOO

13. Birthplace NO RECORD 9  
(City, town, or county) (State or foreign country)

14. Maiden name NO RECORD

15. Birthplace NO RECORD 9  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS IDA DONEHOO

(b) Address DEXTER, MO.

17. (a) BURIAL (b) Date thereof 11-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DEXTER CEMETERY

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide suicide

(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? \_\_\_\_\_

18. (a) Signature of funeral director BRANNENSHID-TRICHARD

(b) Address DEXTER, MO.

19. (a) 11-16-43 (b) Nora Smith  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. S. Davis (M. D. or other) \_\_\_\_\_

Address DEXTER, MO. Date signed 11/6/43

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

NOV 29 1949

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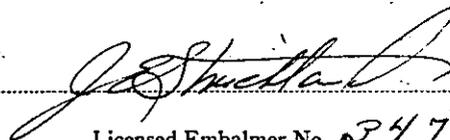
**STATEMENT BY LICENSED EMBALMER**

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. ....

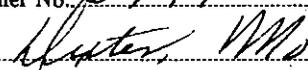
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3479

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.**