

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED JAN 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. **40922**

Registration District No. 71 Primary Registration District No. 4128 Registrar's No. 151

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Her Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 years (Specify whether years, months or days)

In this community 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME ANNA ELIZABETH DONOVAN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ashley K. Donovan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 8 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>4</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER

12. Name Charlie Marsh

13. Birthplace Van 1
(City, town, or county) (State or foreign country)

14. Maiden name Mattox

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

16. (a) Informant Ludie E. Donovan

(b) Address Missouri City, Mo.

17. (a) Burial (b) Date thereof Dec. 18-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri City, Mo.

18. (a) Signature of funeral director Richard Archer Co.

(b) Address Liberty, Mo.

19. (a) 12/19/45 (b) Caroline Hitchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1 1935 to Dec 16 1945
that I last saw her alive on Dec 15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Occlusion 1 hr.
Cardiac thrombosis 2 yrs

Due to General Atherosclerosis 20 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) Benile Dementia

Major findings: Of operations _____

Of autopsy 940

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 Robert Malby (M. D. or other) M.D.

Address Liberty, Mo. Date signed 12-17-45

1414

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8;

District File Number.....

Date Filed 1-14-46

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: Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.