

**FILED JUN 7 1946** STANDARD CERTIFICATE OF DEATH

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

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 112

**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:  
400 S. 5th St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 23 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 400 S. 5th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HELEN JEANE DONOVAN

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Geo. Edward Donovan Jr. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 9 - 23 - 1922  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>7</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation At Home

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

MOTHER FATHER  
12. Name Thomas H. Rapp  
13. Birthplace Benton Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence Edna Mason  
15. Birthplace Carbondale Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Edward Donovan Jr.  
(b) Address 400 S. 5th St., Columbia, Mo.  
17. (a) Burial (b) Date thereof 5-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Palmer Funeral Service  
(b) Address Columbia, Mo.  
19. (a) 5-14-46 (b) Mrs. R. E. Palmer  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 13  
year 1946 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from Nov. 1945 to May 13, 1946  
that I last saw her alive on May 13, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Subarachnoid hemorrhage Duration 3

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Diabetes Mellitus?  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 1.5 hr.  
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 Ed. B. G. Keith (M. D. or other) MD  
Address Columbia Date signed 5/14/46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-46

NOV 26 1946

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 Tom McHarg

Licensed Embalmer No. 4867

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.