

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23069

State File No. 22974

Registrar's No. 53

Registration District No. 72

Primary Registration District No. 5300

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

005

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Rural Platteburg
(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 Missouri (b) County Clinton
(c) City or town Rural
(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 Ellen Deonnor

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Rennie Deonnor 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 8 1842
(Month) (Day) (Year)

8. AGE: Years 103 Months 6 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home wife

11. Industry or business _____

MOTHER FATHER { 12. Name John Sullivan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary McNamee
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Jerry Deonnor

(b) Address Plattsburg mo

17. (a) Burial (b) Date thereof 6/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg MO

18. (c) Signature of funeral director H. D. Lyon

(b) Address Plattsburg MO

19. (a) 6-17-46 (b) Mrs Willie James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1946 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from Mon
20, 1946 to June 15, 1946

that I last saw her alive on June 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration 4 Mo

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 5 months of death) 3 yrs

Major findings: Of operations none
PHYSICIAN _____

Of autopsy none 9/30
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. P. Spalding MD M. P. of county _____

Address Plattsburg MO Date June 16-46

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..... *Darrell D. Lynn*

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, NY*

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.