

FILED JAN 7 1947

Registration District No. 163

Primary Registration District No. 2031

Registrar's No. 41073

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:
422 S. 4th 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 63 years (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON

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

(d) Street No. 422 S. 4th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS HOWARD DONNELL

3. (b) If veteran, name war NONE

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1946 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from June 28
1946 to December 21, 1946
that I last saw h.l.m. alive on December 21, 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife EVA DONNELL

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: APR. 15 1883
(Month) (Day) (Year)

Immediate cause of death Carcinoma
(?) bronchogenic, with multiple metastases to skull, spine, pelvis, and femurs.

Duration 8 months

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 63 Months 8 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy 470

11. Industry or business _____

12. Name T. H. Donnell

13. Birthplace Debato Mo
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Benson

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

16. (a) Informant Eva Donnell

(b) Address Debato Mo

17. (a) Burial (b) Date thereof Jan 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Debato Mo.

18. (a) Signature of funeral director Thomas B. Dicklich

(b) Address Debato Mo

19. (a) 12-27-46 (b) Marie Farrer
(Date received local registrar) (Registrar's signature)

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 Thomas A. Donnell (M. D. or other) M.D.

Address Debato Mo. Date signed 12-23-46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-2-47

JAN 9 1947

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 *Samuel B. Dietrich*
Licensed Embalmer No. *4104*
P. O. Address *Sehto 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.