

V. S. No. 2
DOM-8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. STATE BOARD OF HEALTH OF MISSOURI
FILED JAN 16 1947 STANDARD CERTIFICATE OF DEATH

410

State File No. _____
Registrar's No. 7

Registration District No. 47 Primary Registration District No. 3008

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

14
1/2

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 1
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scotland
(c) City or town Memphis (If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA DONNELL
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8 year 1947 hour 1:40 minute A M.
21. I hereby certify that I attended the deceased from Dec 24 1946 to Jan 8 1947 that I last saw him alive on Jan 8 1947 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife J. D. Donnell 6. (c) Age of husband or wife if alive dead years _____
7. Birth date of deceased: 11 26 1855
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____

8. AGE: Years 91 Months 1 Days 11 If less than one day hr. _____ min. _____

Other conditions Generalized arteriosclerosis and senility
Major findings: 93D
Of operations _____
Of autopsy _____

9. Birthplace DC 9
(City, town, or county) (State or foreign country)
10. Usual occupation School teacher 1
11. Industry or business _____
12. Name William Lindsey 9
13. Birthplace DC 9
(City, town, or county) (State or foreign country)
14. Maiden name Honey
15. Birthplace DC 9
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Hospital Records
(b) Address _____
17. (a) Burial (b) Date thereof Jan. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Mo
18. (a) Signature of funeral director Elmer G. Maupin
(b) Address 112 Court Fulton, Mo.
19. (a) 1-9-1947 (b) Jovie M. Smithoff
(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 J. Caldwell (M.D. or other) M.D.
Address State Hospital No. 1 Date signed Jan 8 47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 14 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 *Glen Y. Mauhin*
Licensed Embalmer No. *2725*
P. O. Address *Fulton, 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.