No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

Registration District No. 27

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35601

Primary Registration District No. ~~6115~~ 5116

Registrar's No. 35

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Sturgeon - R.F.D. # 2
(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 Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Centralia 1
(If outside city or town limits, write "RURAL")
(d) Street No. North Hickman St. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Nannie Fannie Donovan
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Oscar F. Donovan
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Jan - 15 - 1874 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	10	4	hr. min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name M. C. Allen 0
13. Birthplace Boone Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Julia Ann Wiggington
15. Birthplace Boone Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr. Oscar F. Donovan
(b) Address Centralia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Missouri
18. (a) Signature of funeral director Paul D. Ballew
(b) Address Centralia, Missouri
19. (a) Nov 20/1948 (Date received local registrar) (b) Maud McBride (Registrar's signature) 30

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th
year 1948 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from Sept, 19, to Nov. 48, 19;
that I last saw her alive on 11/10/48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral Hemiphilegia	2 yrs.
Due to Senility	5 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 2
While at work? (e) Means of injury
23. Signature O F Carroll Jr (M. D. or other) D.O.
Address Sturgeon Mo Date signed 20 Nov 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
Certificate File Number
NOV 23 1948
Date Filed

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 Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.