

S. No. 300
M-10-47
ev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37640

State File No. _____

FILED DEC 6 1948
Registration District No. 280

Primary Registration District No. 5-967
Registrar's No. 22

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Rural Weston Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Warren Hall Farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community 2 weeks
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country _____

3: (a) PRINT FULL NAME Joseph Lee Donahue

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1948 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from
At time of death, 19____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex male 0 5. Color or race White

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

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased. March 22 1874
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>28</u>	hr. _____ min.

Due to _____

Due to Arteriosclerosis

9. Birthplace Bourbon Co Ky.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farm Laborer

Major findings: 94W

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Worth Donahue

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

14. Maiden name Angeline Crabb

15. Birthplace unknown N.C. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dyle Donahue

(b) Address Marshall, Missouri

17. (a) Burial (b) Date thereof Nov. 22, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director Hershberger Funeral

(b) Address Marshall, Missouri

19. (a) 11-21-48 (b) Opheie Railway
(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? _____

(Specify type of place) _____
(e) Means of injury 2

23. Signature R. J. Pellus (M. D. or other) DD

Address Winston, Mo. Date signed 11/21/48

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

83
0
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-3-49

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 Walter R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.