

JAN 16 1940

Registration District No. 548

Primary Registration District No. 5740

Registrar's No. 64

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Rural
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Rural
In this community 10 mo - 19 days
years, months or days

8. (a) PRINT FULL NAME JUDITH ANN DONELSON 5/4?
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife CHILD 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 - 23 - 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace MARION CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business _____

12. Name HERMAN DONELSON

18. Birthplace MARION CO. MO.
(City, town, or county) (State or foreign country)

14. Maiden name MYRA BITTELSTON
(City, town, or county) (State or foreign country)

15. Birthplace MARION CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herman Donelson

(b) Address Palmyra Mo R.F.D

17. (a) _____ (b) Date thereof 12-13-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood - Palmyra Mo

18. (a) Signature of funeral director A M Spegel

(b) Address Box 181 Palmyra Mo

19. (a) Dec. 13-1939 (b) Keasler dec
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County MARION
(c) City or town R.F.D
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12
year 2 hour 30 minute 2 P. M.

21. I hereby certify that I attended the deceased from Dec 4, 1939
Dec 12, 1939, to _____, 19____;
that I last saw her alive on 12/11, 1939;

and that death occurred on the date and hour stated above.
Immediate cause of death 2nd degree burn of entire arm; upper half of left leg; left shoulder; neck. scarlet fever
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
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) Accident

(b) Date of occurrence Dec 4

(c) Where did injury occur? Palmyra Marion Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

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

23. Signature W J H Hill M D (M. D. or other) _____
Address Palmyra Date signed 12/13/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

FORM 4-17-39
REV. 6-17-39
U. S. G. P. OFFICE

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 R. M. Sprague
Licensed Embalmer No. 999
P. O. Address Stalmyra 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, above space should be left blank.