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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22515

Registration District No. 668 Primary Registration District No. 3039 Registrar's No. 201

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 231 S. Quincy (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 1 yr. 5 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 231 S Quincy ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME EDWARD JOHN DONEGAN

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAUDE DONEGAN 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JULY (Month) 31 (Day) 1875 (Year)

8. AGE: Years 64 Months 10 Days 4 If less than one day ____ hr. ____ min.

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

10. Usual occupation RAILROAD MACHINIST

11. Industry or business RAILROAD SH op.

FATHER 12. Name JOHN DONEVAN

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

MOTHER 14. Maiden name MARGARET SHANAHAN

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

16. (a) Informant Mrs Maude Donegan

(b) Address Sedalia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia

19. (a) 6-7-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1940 hour 2:30 minute a. M.

21. I hereby certify that I attended the deceased from Jan 10, 1940 to June 5, 1940 that I last saw him alive on June 5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to arteriosclerosis	
Due to S.D.N	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place) While at work? None (e) Means of injury None

23. Signature [illegible] (M. D. or other)

Address Sedalia Mo Date signed June 7 1940

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1948

RECEIVED
District Health Officer No. 8,
District File Number
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: R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.