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7-39
K231

SEP 25 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Thomas H. Donahue 500

3. (b) If veteran, name war No 3. (c) Social Security No. 702-10-0889

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. 19 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Car Foreman

11. Industry or business Railroad

12. Name Michael Donahue

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

14. Maiden name Mary Llewellyn

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

16. (a) Informant Bernice Donahue

(b) Address Booneville, Mo.

17. (a) Removal (b) Date thereof 8-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Albert E. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 4 1940 (b) J. J. Brudick
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Cooper
(c) City or town Booneville NR
(If outside city or town limits, write "RURAL")
(d) Street No. 710 East Spring
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd
year 1940 hour About 10:30 minute A M.

21. I hereby certify that I attended the deceased from 7/30/40, 19____, to 8/3/40, 19____;
that I last saw him alive on 8/3/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Brain Malignant
Duration _____

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
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) _____

(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 A. M. Klemm (M. D. or other) _____
Address Med. Dept. Sedalia Date signed _____

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

Albert G. Hoyer

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.