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-10-39

DEC 12 1940

Registration District No. **371**

Primary Registration District No. **4284**

Registrar's No. **39**

**1. PLACE OF DEATH:**  
 (a) County Lawrence  
 (b) City or town Pierce City  
(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 2  
(Specify whether)  
 In this community 50 Yrs.  
years, months or days

8. (a) PRINT FULL NAME Celosta May Donart  
 8. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 6697529

4. Sex F  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife G.W. Donart  
 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: March 10 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	8	23	hr. min.

9. Birthplace Wilshire Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation home maker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jessie Hartzog  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Adams  
 15. Birthplace Wilshire Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Doc D. Johnson  
 (b) Address Pierce City Mo.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 12/6/40  
(Month) (Day) (Year)  
 (c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Minneapolis  
 (b) Address Pierce City Mo.

19. (a) Dec 12 1940  
(Date received local registrar) (b) E. B. Wright  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Lawrence  
 (c) City or town Pierce City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 205 Spruce  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? X years

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 3  
 year 1940 hour 6 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan. 1932  
 \_\_\_\_\_, 19\_\_\_\_ to Dec 3, 1940  
 that I last saw her alive on Nov. 29, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis  
with mitral valve involvement about 10 yrs

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 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?  
422

While at work? \_\_\_\_\_  
 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Charles S. Moore (M. D. or other) 300  
 Address Pierce City Mo Date signed Dec 5/40

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

RECEIVED

District Health Officer No. 6

District File Number **DEC 12 1940**

Date Filed **DEC 12 1940**

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**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 *me*

VDR 10  
Registered Apprentice No.

working under my personal supervision.

Signed *Walter O. Herme*

Licensed Embalmer No. *38224*

P.O. Address *Perse City*

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.