

JAN 25 1941 703

Registration District No. _____

Primary Registration District No. 4424

Registrar's No. _____

1. PLACE OF DEATH:

(a) County POLK
(b) City or town HUMANSVILLE
(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 _____
(Specify whether
In this community _____
years, months or days) 2

3. (a) PRINT FULL NAME MAUD MAY DONOVAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife SAM W DONOVAN 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased JUNE 17 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Stone

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

14. Maiden name Unknown

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

16. (a) Informant SAM W DONOVAN

(b) Address Humansville MO

17. (a) Burial (b) Date thereof Dec 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola MO

18. (a) Signature of funeral director Joseph Teroston
(b) Address Humansville MO

19. (a) Dec 23-1940 (b) Orla M. Rich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Polk
(c) City or town Humansville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1940 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 2 1940 to Dec 2 1940
that I last saw her alive on Dec 2 - 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Probable gall stone Duration 2 day

Due to _____
Due to Diabetes mellitus 13 yr

Other conditions (Include pregnancy within 3 months of death) 54

Major findings: Of operations none

Of autopsy none 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? 632
While at work? (Specify type of place) (e) Means of injury _____

23. Signature Rocco C. News (M. D. or other) MD
Address Humansville MO Date signed 12-19-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 1-41-56

Date Filed 1-9-41

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

Charles G. Hathaway, Registered Apprentice No. 269
working under my personal supervision.

Signed

Ralph A. Joseph
Licensed Embalmer No. 3148

P. O. Address Humansville

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.