

FILED MAY 23 1941

Registration District No. 1020 Primary Registration District No. 5822 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Conception-Jct - Mo.
(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. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Madaway

(c) City or town Conception-Jct
(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? 0 years.

3. (a) PRINT FULL NAME MARY A DONNELLY

3. (b) If veteran, name war m

3. (c) Social Security No. 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1940 hour 9 minute 45 P.M.

4. Sex M 5. Color or race W

6. (b) Name of husband or wife yes 6. (c) Age of husband or wife if alive 70 years (Month) 8 (Day) 8 (Year) 1867

21. I hereby certify that I attended the deceased from 1932, 1932, to Apr 8, 1941; that I last saw her alive on Apr 3, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 8 Days 0 If less than one day hr. _____ min. _____

Immediate cause of death Cholera Myocarditis Hypertension

Due to _____

Due to _____

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

9. Birthplace La Salle, Ill (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Joseph

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

{ 14. Maiden name Mary Ann (City, town, or county) (State or foreign country)

{ 15. Birthplace La Salle, Ill (City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underlines the cause to which death should be charged statistically.

16. (a) Informant Theresa Donnelly

(b) Address Conception-Jct Mo

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 4-12-41 (Month) (Day) (Year)

(c) Place: burial or cremation Cosmopolitan Home

18. (a) Signature of funeral director Robert J. Quinn

(b) Address Conception-Jct Mo

19. (a) April 9 (Date received local registrar) (b) Conrad Egan (Registrar's signature)

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? 551 (Specify type of place) While at work (e) Means of injury _____

23. Signature Dr. Mr. Boyles (M. D. Boyles) Address Conception-Jct Date signed 4-10-41

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

4
0
0

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 _____

Licensed Embalmer No. 1673

P. O. Address Monroeville Pa

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.