No. 2
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17-39
X23189

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38337
State File No.

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 891

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Burge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 4 hours (Specify whether years, months or days)
In this community 4 hrs.

2. USUAL RESIDENCE OF DECEASED: 30
(a) State Mo. (b) County Dallas 0
(c) City or town Rural Urbana 0
(If outside city or town limits, write "RURAL") 1
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Donley, ~~Baby~~ William.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced S. 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Sept. 5 (Month) (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 0	2	5	— hr. — min.

9. Birthplace Urbana (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation —
11. Industry or business — Inf
MOTHER FATHER
12. Name Ray Donley
13. Birthplace Urbana (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Roxie Scribner
15. Birthplace Kettner (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Ray Donley
(b) Address Urbana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Urbana Mo.
18. (a) Signature of funeral director Vaughan & Pence
(b) Address Urbana, Mo.
19. (a) 11-11-41 (Date received local registrar) (b) W. E. Handley Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1941 hour 6 minute 25 P.M.
21. I hereby certify that I attended the deceased from 11-10, 1941, to 11-10, 1941; that I last saw him alive on 11-10-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumococcus Bronchopneumonia	10 d.
Due to	
Due to	
Other conditions Meningitis (Pneumococcus?) (Include pregnancy within 3 months of death)	2d

Major findings:
Of operations 4/0
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Urban Busch (M. D. or other) M.D.
Address Springfield, Mo. Date signed 12-8-41

984 (Licensed Embalmer's Statement on Reverse Side)

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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

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

X