S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1948

Registration District No. 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3019

State File No. 6826

Registrar's No. 49

48
3
8

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 20 years

2. USUAL RESIDENCE OF DEATH:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence (If outside city or town limits, write "RURAL")
(d) Street No. 2509 Norwood (If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME: EMIE J. DONAHUE
3. (b) If veteran, name war: none
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John J. Donahue
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: July (Month) 23 (Day) 1869 (Year)
8. AGE: Years 72 Months 6 Days 15 If less than one day ..... hr. ..... min.
9. Birthplace: Butler Co (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: House work
11. Industry or business: at home
MOTHER FATHER
12. Name: Daniel W. Bartwell
13. Birthplace: unknown (City, town, or county) ..... (State or foreign country)
MOTHER
14. Maiden name: Emily B. Galyer
15. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Mrs. Myrtle Matson
(b) Address: 2509 Norwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Washington
18. (a) Signature of funeral director: George C. Carson
(b) Address: Independence Mo
19. (a) Feb 10-1942 (Date received local registrar) (b) James W. Moss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1942 hour 12 minute 15 a M.
21. I hereby certify that I attended the deceased from Jan 26, 1942 to Feb 8, 1942 that I last saw him alive on Feb 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	12 days
Due to: Arteriosclerosis	4 yrs
Due to: 940	
Other conditions (Include pregnancy within 3 months of death): Pulmonary oedema	

Major findings:
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? (Specify type of place): ✓
While at work? ✓ (e) Means of injury: ✓
23. Signature: J. C. Hickman (M. D. or other)
Address: Independence Mo. Date signed: Feb 9-42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. Richman

MAR 26 1942

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. 2467

P. O. Address Independence, Mo.

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, fact should be so stated above.