

FILED AUG 19 1942

Registration District No. 3020

Primary Registration District No. 3020

Registrar's No. 126

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
413 Wise St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether
In this community 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 413 Wise St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Maggie B. Donovan

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jabin Donovan 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased March 3 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 18 If less than one day XX XX
hr. min.

9. Birthplace Callio Chillicothe Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXX

12. Name Mont Smith
13. Birthplace Lincoln Co. Tenn. /
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Shelton
15. Birthplace Unknown XX 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Orville Jacobs
(b) Address Chula, Mo. RR 2

17. (a) Burial (b) Date thereof 7/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director James Gordon
(b) Address Chillicothe Mo.

19. (a) July 23 - 1942 (b) Lowella Curry
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 22
year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 14 to July 22 1942
that I last saw her alive on July 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days
Due to Arteriosclerosis 20 yrs.

Due to _____
Other conditions 32a!
(Include pregnancy within 3 months of death)

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?

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Lowella Curry (M. D. or other) _____
Address Chillicothe Mo. Date signed 7/23/42

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.....

Donald F. Jordan

Licensed Embalmer No. *4191*

P. O. Address. *Chillicothe, 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.