

Registration District No. _____ Primary Registration District No. 5465

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield Rural R. Campbell
(c) Name of hospital or institution Nichols
(d) Length of stay: In hospital or institution None
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Nichols Rural R. Campbell
(d) Street No. Route 11
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Lee M. Donnell
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 4th
year 1942 hour 3:30 minute A. A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Elizabeth Donnell
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June 10, 1863

21. I hereby certify that I attended the deceased from Nov 3
1942 to Nov 4, 1942
that I last saw him alive on Nov 4, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 4 Days 24
If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____

9. Birthplace Fair Grove, Missouri

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 83a
Of autopsy _____

10. Usual occupation Lumber Dealer

11. Industry or business Lumber

MOTHER FATHER { 12. Name William Donnell
13. Birthplace Unknown Unknown
14. Maiden name Harriett Harkness
15. Birthplace Unknown Unknown

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elizabeth Donnell
(b) Address Nichols, Missouri

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof 11/6/42
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

23. Signature W. A. [unclear]
Address Springfield, Missouri Date signed 11-5-42

19. (a) 11-5-42 (b) W. A. [unclear]

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

39
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NOV 12 1947

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 Harlow Knobb

Licensed Embalmer No. 4065

P. O. Address Springfield 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.