

No. 2
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5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32092
Registrar's No. 232

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1811 36th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion ⁶⁴

(c) City or town Hannibal ³
(If outside city or town limits, write "RURAL") ⁷

(d) Street No. 1811 36th St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Maud Agnes Donovan

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1943 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from Jan
13, 1941, to 8-23, 1943
that I last saw he alive on 8-23, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marshall T. Donovan 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased September 28 1864
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
Right hemiplegia
Due to General arteriosclerosis ^{3 yrs}

Other conditions Coronary sclerosis ^{3 yrs}
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

78 10 25 — hr. — min.

9. Birthplace Frankford Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name James M. Unsell

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

14. Maiden name Katherine Bens

15. Birthplace not known ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant M. T. Donovan

(b) Address 1811 36th, Hannibal, Mo.

17. (a) Burial (b) Date thereof Aug 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview cemetery, Frankford, Mo.

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1000 Adams, Hannibal, Mo.

19. (a) 8/24/43 (b) M. T. Donovan
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: 83a!

Of operations _____

Of autopsy _____

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 _____

23. Signature Spencer S. Siderich (M. D. or other) MD
Address Hannibal, Mo. Date signed 8-24-43

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

Ray P. Schwartz

Licensed Embalmer No. 1965

P. O. Address 1511 Albany, Hamstead, 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.