

S. No. 2
M-5-42
5-17-39

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6522

FILED FEB 16 1944

Primary Registration District No. 3006

Registrar's No. 27

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

1. PLACE OF DEATH: Boone
 (a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
500 Broadway 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 In this community about 30 years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 416 N. Barth Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

3. (a) PRINT FULL NAME MARY JANE DONNELL
 3. (b) If veteran, name war —
 3. (c) Social Security No. —

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 7th
 year 1944 hour 9 minute 40 a.m.
 21. I hereby certify that I attended the deceased from —
—, 19—, to —, 19—;

4. Sex Female 5. Color or race 3 negs 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Charlie Donnell 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased 10-18-1873
 (Month) (Day) (Year)

that I last saw him — alive on —, 19—;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart Attack

8. AGE: Years 70 Months 2 Days 19 If less than one day hr. — min. —

Due to Arteriosclerosis
 Due to —
 Other conditions (Include pregnancy within 3 months of death) —
 Major findings: Of operations —
 Of autopsy none

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

10. Usual occupation Retired

11. Industry or business —

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace — (City, town, or county) (State or foreign country)

16. (a) Informant Edna J. Johnson

(b) Address Columbia Mo.

17. (a) Buried (b) Date thereof 1-12-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galaxy Cemetery

18. (a) Signature of funeral director Street, J. Taylor

(b) Address Columbia Missouri

19. (a) 2-2-44 (b) Edna H. Burker
 (Date received local registrar) (Registrar's signature)

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 Yes (Specify type of place) (e) Means of injury Car

23. Signature Movin Madem (If other) —

Address Columbia Mo. Date signed 1-9-44

1220

(8688)

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

James D. Parker

Licensed Embalmer No. *2900*

P. O. Address *Columbia 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.