No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11623

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 55

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 422 East 1st /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville /
(If outside city or town limits, write "RURAL") 2
(d) Street No. 422 East 1st
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Winifred Donahue
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white /
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife William Donahue
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 26, 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days If less than one day hr. min.

9. Birthplace Boston (City, town, or county) Mass. / (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Peter Farley
13. Birthplace UNKNOWN (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Mary Spellman
15. Birthplace UNKNOWN (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Mrs. M.G. McQuinn
(b) Address Maryville Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Patrick's Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) 3-30-44 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1944 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from Feb 3, 1944, to 19 , that I last saw her alive on March 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia
Generalized Arterio-Sclerosis
Due to Senility
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 W.R. Jackson 0 (M. D. ~~or other~~)
Address Maryville, Mo Date signed 3-27-44

13x4

(Licensed Embalmer's Statement on Reverse Side)

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 N. L. Gee

Licensed Embalmer No. 2539

P. O. Address Maryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.