

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Simpson 38210
State File No.

FILED DEC 13 1944

Registration District No. 13

Primary Registration District No. 3038

Registrar's No. 389

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Linn
 (c) City or town Brookfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 431 S. Main
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country

3. (a) PRINT FULL NAME JOHN DAVID DONOVAN

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

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

7. (b) Name of husband or wife Florence Donovan 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July - 28 - 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>6</u>	hr. min.

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

10. Usual occupation Retail Grocer

11. Industry or business Retail Grocer

12. Name Michael Donovan

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

14. Maiden name Anna Scholmester

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

16. (a) Informant Mrs. Florence Donovan

(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof Nov - 7 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Hill Funeral Home

18. (a) Signature of funeral director Brookfield Mo
(b) Address Brookfield Mo
19. (a) 11-7-1944 (b) W. W. Caman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 4
 year 1944 hour 8 minute 10 M.

21. I hereby certify that I attended the deceased from Oct. 1st 1944 to Nov 4 1944
 that I last saw him alive on Nov 4 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of sigmoid
 Duration 1 yr.

Due to L

Due to L

Other conditions H62

Major findings: Of operations L

Of autopsy L

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 2

23. Signature W. B. Simpson (M. D. or other) DO

Address Brookfield Mo Date signed 11-5-44

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

436

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1955

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

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.