

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days - Hospital
(Specify whether
In this community 15 days -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Eudora Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel Webster Donahue

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

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

6. (b) Name of husband or wife Melba Thompson 6. (c) Age of husband or wife if alive U.M.K. years

7. Birth date of deceased January 26 1912
(Month) (Day) (Year)

8. AGE: Years 32 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Kelona Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Quaker farmer

12. Name Fulton Donahue

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

14. Maiden name Myrtle Adams

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

16. (a) Informant Fulton D. Donahue

(b) Address North English Iowa

17. (a) Bureau (b) Date thereof Feb-10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove cemetery

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walnut Grove Mo

19. (a) Feb-10-1945 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th
year 1945 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1/28 to 2/9 1945
that I last saw him alive on 2/8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous pneumothorax
Duration 18 da

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 114 3

Major findings: Of operations _____

Of autopsy _____

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 J. B. Lemmon (M. D. or other) M.D.

Address Springfield Mo Date signed 2/9/45

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

MOTHER FATHER

314
2
8

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 Gene A. Brinn

Licensed Embalmer No. 7664

P. O. Address Walnut Grove, 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.

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