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ev. 5-17-39  
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9463

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 13 1945  
Enloe  
Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 75

26  
3  
4

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:  
723 West Main Street  
(If not in hospital or institution, write street number or location)

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

In this community 56 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")

(d) Street No. 723 West Main Street 4  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas William Donohue

3. (b) If veteran, name war World War #1

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Donohue

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept 19 1888  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>6</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Plumber

11. Industry or business \_\_\_\_\_

12. Name James Donohue

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

14. Maiden name Mary Sullivan

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

16. (a) Informant Theresa Ann Donohue

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Apr-9-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Thos J. Sadon

(b) Address Jefferson City, Missouri

19. (a) 4-7-45 (b) Theresa Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7  
year 45 hour 9 minute 30.6 A.M.

21. I hereby certify that I attended the deceased from 1925 19 \_\_\_\_\_ to 4/7/45 19 \_\_\_\_\_  
that I last saw him alive on 4/7/45 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 15 min

Due to Myocarditis 2-3 yr.

Due to Diabetes 25 yr.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 61

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 Theresa Richter (M. D. or other) \_\_\_\_\_  
Address Jefferson City, Mo. Date signed 4/7/45

874

(Licensed Embalmer's Statement on Reverse Side)

8  
1/25/45

RECEIVED  
District Health Officer No.

District File Number

Date Filed 4-12-45

APR 25 1945

APR 9 1945

APR 17 1945

**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: Ferd P Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.