

No. 2
-2-43
5-17-39
X35697

FILED NOV 14 1946

Registration District No. 338

Primary Registration District No. 6136

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Rural
(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 X (Specify whether
In this community several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Jess Donley

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

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

6. (b) Name of husband or wife Lola May Donley 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased 39 Oct 5 1946 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months X Days X If less than one day
hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business timber work

12. Name Geo Washington Donley

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Lola May Donley

(b) Address Gladden Mo

17. (a) burial (b) Date thereof 10/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christ Chm

18. (a) Signature of funeral director Chas J. ...

(b) Address alem Mo

19. (a) 11-1-46 (b) Moabel Rose
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1946 hour 3 minute 16 P. M.

21. I hereby certify that I attended the deceased from 3-14, 1946, to 9-7, 1946
that I last saw him alive on 9-7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hardening of Arteries
Cerebral Ischemic

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations g3A
Of autopsy _____

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? X

While at work? _____ (Specify type of place) (e) Means of injury _____

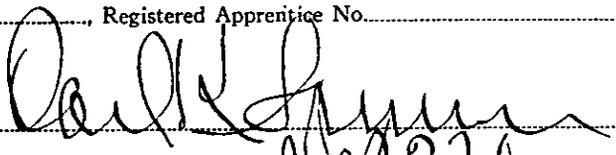
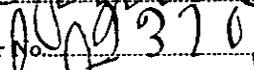
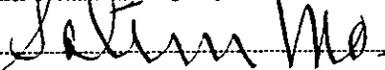
23. Signature W. T. Eudy M.D. (M. D. or other) M.D.
Address Eminence Mo Date signed 10-9-46

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

MOTHER FATHER

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..... 
Licensed Embalmer No..... 
P. O. Address..... 

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.