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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 210

Primary Registration District No. 5771

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)

(d) Length of stay: all her life
In this community no
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Minerva Donelson

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day second
year 1947 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Feb. 26, 1946
to April 1, 1947
that I last saw her alive on April 1, 1947
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: Dec. 18, 1863
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis 5 years
Duration

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 84 Months 3 Days 15
If less than one day
hr. min.

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

Major findings:
Of operations 970

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Eligah Collier

13. Birthplace unknown 9

14. Maiden name Betsy Youngandy (State or foreign country)

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Porter Donelson

(b) Address Mercer, Mo

17. (a) burial (b) Date thereof April 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farley

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 blow)

While at work? (e) Means of injury 0

23. Signature P. Marian Lambert (M. D. or other) MPL
Address Princeton, Mo Date signed 4/5/47

18. (a) Signature of funeral director Noel Moss

(b) Address 4-7-47 Princeton, Mo

19. (a) 4-7-47 (b) Edna Martin
(Date received local registrar) (Registrar's signature)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. *9M1*
working under my personal supervision.

Signed *Wood Mast*
Licensed Embalmer No. *2634*
P. O. Address *Fincannon 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.