

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10157

State File No. _____

Registration District No. 257

Primary Registration District No. 3048

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 510 North Fillmore
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1947 hour 11 minute 50 P. M.
21. I hereby certify that I attended the deceased from March 11, 1947 to March 11, 1947
(that I last saw him alive on March 11, 1947 and that death occurred on the date and hour stated above.)

3. (a) PRINT FULL NAME WILLIAM FRANCIS DONAHUE

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

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

6. (b) Name of husband or wife Elizabeth Donahue (Deceased) 6. (c) Age of husband or wife if alive 24 years 1883 (Month) (Day) (Year)

7. Birth date of deceased: July 24, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Hardware Salesman

11. Industry or business None

12. Name William Donahue

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

14. Maiden name Winifred Farley

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

16. (a) Informant Steve Donahue

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof Mar. 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation St. Patricks Cemetery
Protestant funeral home

18. (a) Signature of General Director [Signature]
120 East 1st, Maryville, Mo.
(b) Address

19. (a) 3/22/47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Acute Pulmonary Edema and
Coronary Dilatation
Due to Chronic Myocarditis
Chronic Nephritis
Due to Chronic Bronchitis with
Attack of Acute Bronchitis

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 131B

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? _____

23. Signature W. R. Jackson (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury 0
Address Maryville, Mo. Date signed 3-12-47

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

MOTHER FATHER

**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.....
working under my personal supervision.

Signed.....
Licensed Embalmer No..... 2539
P. O. Address..... Mayville 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.