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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 572
Registrar's No. 5-

Registration District No. 77

Primary Registration District No. 5-296

1. PLACE OF DEATH: CLINTON
(a) County CLINTON
(b) City or town GRAYSON
(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 Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLINTON 25
(c) City or town GRAYSON (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 RHODENA ELIZABETH DONAHUE
(b) If veteran, name war /
(c) Social Security No. /

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 12 year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Dec 26, 1947 to Jan 12, 1948 that I last saw her alive on Jan 12, 1948 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 MARRIED
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 2 14 1880 (Month) (Day) (Year)

Immediate cause of death Broncho Pneumonia Duration 7da.

8. AGE: Years 67 Months 10 Days 29 If less than one day hr. _____ min.

Due to _____
Due to _____

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

Other conditions Polyarthritides (Include pregnancy within 3 months of death) 6420

10. Usual occupation HOUSEKEEPER

Major findings: None
Of operations None
Of autopsy None
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

11. Industry or business HOME ANDREW

12. Name Willis ~~James~~ Dill

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

14. Maiden name UNKNOWN LIZZIE CUTLER

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

16. (a) Informant Mrs. Lora A. Hall

(b) Address Highland 221. P.F.D 2

17. (a) burial (b) Date thereof 1-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation GRAYSON CEMETERY

18. (a) Signature of funeral director Edgerton, Mrs.

(b) Address Jan 14-48 (c) Emmie Chastain (Registrar's signature) 586

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 place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. B. Holding (M. D. or D. O. C.)
Address Plattway 7th Date Jan 14-48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

JAN 30 1947

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 Livian R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.