FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3994

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 209

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 1213 No 10 St. Mrs Littlers Nursing Home. (If not in hospital or institution, write street number or location) 4

(d) Length of stay: In hospital or institution Seven Years (Specify whether In this community Most of his life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1

(d) Street No. 1213 North 10th. Street (If rural, give location) 7

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Francis Donnelly.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ------ 6. (c) Age of husband or wife if alive Unknwon years

Myrtle House Donnelly------

7. Birth date of deceased July (Month) 23rd. (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	74	-6-	16	-- hr. ----- min.

9. Birthplace McClun County, Illinois. (City, town, or county) (State or foreign country) 1

10. Usual occupation Yard Foreman Pullman Co.

11. Industry or business Sleeping Cars.

FATHER
12. Name Unknown.
13. Birthplace Unknwon. (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country) 9

16. (a) Informant Records Welfare Board. 1

(b) Address St. Joseph, Missouri.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/12/48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery.

18. (a) Signature of funeral director E.R. Sidenfaden

(b) Address 602 South 10th. St. St. Joseph, Mo.

19. (a) 2-20-48 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature) 307

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th. year 1948 hour 10 minute :00 AM M.

21. I hereby certify that I attended the deceased from June 10, 1946 to Feb 8, 1948 that I last saw him alive on Feb. 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio Sclerosis Mitral Insuf.	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92 B

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. Elliott (M. D. or other) MD

Address 801½ Francis St Joseph Mo. Date signed 2-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Siedenfaden Fu

Licensed Embalmer No. 4235

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.