No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5413

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: Chillicothe Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs. (Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell 13

(c) City or town Braymer, Mo. (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME Blanche Donovan

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Gerald J. Donovan

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April (Month) 26, (Day) 1908 (Year)

8. AGE: Years 39 Months 9 Days 11 If less than one day — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business Housekeeping

MOTHER FATHER

12. Name William Heckman

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

14. Maiden name Nelika Heckman

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

16. (a) Informant Gerald J. Donovan

(b) Address Braymer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director Leon C. Michael

(b) Address Braymer, Mo.

19. (a) Feb-7-48 (Date received local registrar) (b) Frances B Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1948 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from 6 Feb. 1948 to 7 Feb. 1948; that I last saw her alive on 6 Feb. 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction — Duration 72 hrs

Due to Adhesions from previous surgery

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles N. Dale (M. D. or other) M.D.

Address Chillicothe, Mo. Date signed Feb 7 48

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.