S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

42 1 2

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 20 1948
Registration District No. 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12315

Primary Registration District No. 3023

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Clinton General Hospt
(If not in hospital or institution, write street number or location)

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

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 4

(c) City or town Clinton Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. Ohio st Cabin Knisley 2 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John W Donnelly

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 17 (Day) 1863 (Year)

8. AGE: Years 75 Months X Days 28 If less than one day hr. min.

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

10. Usual occupation Contractor

11. Industry or business

MOTHER FATHER

12. Name Michael Donnelly

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

14. Maiden name Katherine Welch

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

16. (a) Informant Thomas J Donnelly

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-48 (Month) (Day) (Year)

(c) Place: burial or cremation Kilmore Cty Iowa

18. (a) Signature of funeral director Considine & Peck

(b) Address Clinton Mo

19. (a) 4-15-48 (Date received local registrar) (b) R P Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15

year 1948 hour 3:i minute 00 A.M.

21. I hereby certify that I attended the deceased from March 21, 1948 to April 15, 1948 that I last saw him alive on April 15, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	3 mo.
Due to: Endocarditis	yrs?
Due to: Anemia	30 mo.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0 2 5	
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 0

23. Signature James Smith (M. D. or other) M.D.

Address Clinton, Missouri Date signed 4-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-48-421
Date Filed 4-8-48

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 .....

A. R. Kennedy, Registered Apprentice No. .....,

working under my personal supervision.

Signed J. E. Consolver

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.