S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13443

Registration District No. 229 — Primary Registration District No. 5809 — Registrar's No. 70

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

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Danville Township (If outside city or town limits, write "RURAL" and name of township) Mineola, Mo.
(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 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia, Missouri (If outside city or town limits, write "RURAL")
(d) Street No. 416 N. Garth Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME William Leslie Donnell
3. (b) If veteran, name war —
3. (c) Social Security No. 524-10-6340
4. Sex Male 2
5. Color or race Colored
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married
6. (b) Name of husband or wife Willie Lee Donnell
6. (c) Age of ~~husband or~~ wife if alive 44 years
7. Birth date of deceased November (Month) 2 (Day) 1901 (Year)

8. AGE: Years 46 Months 5 Days 24 If less than one day hr. min.
9. Birthplace Santa Fe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business
FATHER
12. Name Charlie Donnell
13. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Jane Hutchen
15. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant [illegible] Donnell
(b) Address 416 N. Garth Avenue Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Calvery Cemetery
18. (a) Signature of funeral director A. C. Freeman
(b) Address 608 Park Ave
19. (a) 4-26-48 (Date received local registrar) (b) James O. Helm MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1948 hour 4 minute 55 A. M. —
21. I hereby certify that I ~~attended~~ viewed the deceased from 5:15 am 26th April, 1948, to , 19 ; ~~that I last~~ saw h ~~alive on~~ , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Compression of Chest	
Due to Crushed & Fractured Sternum & Ribs of Chest	
Due to Overturning of Truck on Him — Accidentally	
Other conditions Fractured mandible (Include pregnancy within 3 months of death) deep laceration on left chin	
Major findings: Of operations —	
Of autopsy —	

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) Accident
(b) Date of occurrence 26 April 1948 70
(c) Where did injury occur? Mineola, Mo. (City or town) Monty (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. Highway 40 - 8.6 miles from Monty (Specify type of place)
While at work? Yes (e) Means of injury Overturning truck
23. Signature Clement W. Linnett (M. D. or other) DOS 3 Corner
Address Montgomery City Date signed 26 Apr 48

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

JUN 8 1949

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 A C Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia 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.