

S. No. 300
M-10-47
v. 5-17-39
I 3906

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

15488

State File No. _____

FILED JUN 14 1948
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 635

WRITE PLAINLY—USE 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:
1401 Mitchell Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not
In this community 30 years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mertie (Mickie) O'Donnell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Grace O'Donnell

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased: April 26 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 11 If less than one day
hr. _____ min. _____

9. Birthplace: Lincoln Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation: Truck Operator

11. Industry or business: Self

MOTHER FATHER { 12. Name Dominic O'Donnell

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

14. Maiden name Mary Egan

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

16. (a) Informant Mrs. Grace O'Donnell

(b) Address 1401 Mitchell Ave., St. Joseph, Mo.

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

(c) Place: burial or cremation MT. AUBURN CEM.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 6-10-48 (b) W. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1401 Mitchell Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1948 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1946
_____, 19____, to 12/19, 1947
that I last saw him alive on January 1948, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia
(Sudden Death)
Due to High Blood Pressure

Due to Arterio Sclerosis

Other conditions: 97
(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations _____

Of autopsy none

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) none

(b) Date of occurrence _____

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. L. Jenkins (M. D.)
Address 825 Charles St. Joseph Date signed 6/8/48

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Raymond H. Meredith
Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.