

No. 3000
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 8 1948
Registration District No. 360

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28651
Registrar's No. 144

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community home June years, months or days)

3. (a) PRINT FULL NAME JAMES BURTON DONNEL
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 married
6. (b) Name of husband or wife Maude E. Donnel
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: June 19 1884
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 5
If less than one day hr. min.

9. Birthplace: Jasper Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Employee (Retired)

11. Industry or business

12. Name James E. Donnel

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

14. Maiden name Anna M. Ward

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

16. (a) Informant Mrs. James B. Donnel

(b) Address Nevada, Mo.

17. (a) Cremial (b) Date thereof: Aug 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Jasper, Mo. Burial Cemetery

18. (a) Signature of funeral director Arthur H. Hays

(b) Address Nevada, Mo.

19. (a) 9-3-48 (b) Walter H. Yancy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 726 South Oak Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from February 23, 1946, to August 23, 1948,
that I last saw him alive on August 23, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary thrombosis Duration 10 min
Due to Cardiovascular renal disease with edema. 2 yrs.
Due to

Other conditions: Interverted derangement of knee, right.

Major findings: Of operations None.

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)

(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?

While at work? (Specify type of place) None Manner of injury 10

23. Signature Walter H. Yancy (M. D. or other) M. D.

Address Nevada, Missouri Date signed 8/25/48

OCT 22 1948

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1021
Date Filed 9-67-48

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.....

Bert B. Bennett

Registered Apprentice No. 83

working under my personal supervision.

Signed *Allen J. Kays*

Licensed Embalmer No. 1968

P. O. Address *Nevada 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.