

**FILED OCT 4 1948**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1023**

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: State Hospital # 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 mos - 29 days  
 (Specify whether years, months or days) 8 mos. 29 days

3. (a) PRINT FULL NAME **GEORGE PARKER O'DONNELL**

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 Bessie O. Donnell 6. (c) Age of husband or wife if alive not given years

7. Birth date of deceased December 5 1883  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 9 23 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name George M. Parker O'Donnell

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

14. Maiden name Julia Wilhoit

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

16. (a) Informant Bessie O'Donnell

(b) Address Cameron Mo

17. (a) Funeral (b) Date thereof 9-28-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Mo

18. (a) Signature of funeral director Richard Paul Home

(b) Address 222 W. 3rd Cameron, Mo

19. (a) Sept 28, 1948 (b) E. B. Jenkins  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell  
 (c) City or town Cameron  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Cameron  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28  
 year 1948 hour 4 minutes 30 A.M.

21. I hereby certify that I attended the deceased from June 8  
1948 to Sept. 28 1948  
 that I last saw him alive on Sept. 27 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage  
 Duration \_\_\_\_\_

Due to Arterio sclerosis & hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 826

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) (e) Means of injury \_\_\_\_\_

23. Signature Forrest Thomas (M. D. \_\_\_\_\_)

Address St. Joseph Mo Date signed 9/28-48

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

DEC 19 1952

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 *George R. Cameron*

Licensed Embalmer No. *4425*

P. O. Address *224 West 4th*

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.)

*Cameron, Pro*

If this body is not embalmed, fact should be so stated above.