

10-300
-10-47
-17-39
PI 3906

FILED NOV 9 1948

State File No. _____

Registration District No. 144

Primary Registration District No. 4233

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution:
Ursuline Academy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 68 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Osceola
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Sister Johanna O'Donnell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 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 August 15 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1948 hour 4:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct. 14, 1948, to Oct. 15, 1948, that I last saw her alive on Oct. 15, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

90 2 - - hr. - min.

Immediate cause of death. Pneumonia, lobes

Due to _____

Due to _____

Other conditions Arterio sclerosis, general
(Include pregnancy within 3 months of death)

Major findings: Myocarditis, Chronic

Of operations _____

Of autopsy _____

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

10. Usual occupation House work

11. Industry or business _____

12. Name Thomas O'Donnell

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

14. Maiden name Rose O'Donnell

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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16. (a) Informant Mother Anita Mueller

(b) Address Osceola, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 18, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Convent Cemetery

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)

(c) Means of injury D

18. (a) Signature of funeral director White Funeral Home

(b) Address Osceola, Mo

19. (a) 11-3-48 (Date received local registrar)

(b) W. J. Jones (Registrar's signature) 17

23. Signature Ben W. Bull (M. D. or other) M.D.

Address Osceola, Mo Date signed 10-19-48

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

2
3

RECEIVED

Health Officer No. 4
File Number 1148-1
Date 11-8-48

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 Paul J. White

Licensed Embalmer No. 2412

P. O. Address Quinton Ave.

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.