S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 28 1948

Registration District No. 12

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

40579
State File No.
Registrar's No. 134

51
2
2

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Dump 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson 51
(c) City or town: Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John Donoho
3. (b) If veteran, name war: no
3. (c) Social Security No.

4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Mary Donoho
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: January (Month) 11 (Day) 1877 (Year)

8. AGE: Years 71 Months 11 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace: Johnson County (City, town, or county) Missouri (State or foreign country) 2
10. Usual occupation: Retired Farmer
11. Industry or business: None

MOTHER FATHER
12. Name: Felix Donoho
13. Birthplace: Unknown (City, town, or country) Ireland (State or foreign country) 4
14. Maiden name: Mary Phillips.
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country) 1

16. (a) Informant: Mrs. Mary Thomas
(b) Address: Warrensburg, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty Cem.
18. (a) Signature of funeral director: Sweeney Phillips.
(b) Address: Warrensburg, Mo.
19. (a) Dec. 13-1948 (Date received by local registrar) (b) [signature] (Registrar's signature) 1119

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11 year 1948 hour 5 minute 00 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., 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: As judge Magistrate Court of Johnson county, Missouri, and in absence of the coroner from the county, I held an inquest on the body of deceased, and called
Due to: the witnesses to the death of decedent. The jury returned verdict that decedent
Due to: came to his death by suffering a paralytic stroke, from which he fell into a large fire, there present, the two causing death
Other conditions: instantly
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 18
Of autopsy: 19

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 perhaps. 51
See verdict of jury.
(b) Date of occurrence: Dec. 11, 1948.
(c) Where did injury occur? Edge of Warrensburg (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury: 40
Signature: [signature] (M. D. or other)
Address: Warrensburg, Mo. Date signed: 12-13-48

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ WAS NOT embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. Jack Phillips

Licensed Embalmer No. H566

P. O. Address Warrensburg 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.