

**FILED AUG 14 1940**  
Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **Nora L. Clark Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 days**  
In this community **No Record**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limit, write "RURAL")  
**224 Brush Creek Blvd.**  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Thomas Donohue**

3. (b) If veteran, name war **XX** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **12** years

7. Birth date of deceased **January 12 1886**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **6** Days **2** If less than one day hr. min.

9. Birthplace **Ottumwa Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Decorator**

11. Industry or business

12. Name **Patrick Donohue**

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

14. Maiden name **Mary Quinnlan**

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

16. (a) Informant **A. D. Faxon**

(b) Address **224 Brush Creek Blvd**

17. (a) **Removal** (b) Date thereof **7-15-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ottumwa, Iowa**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **July 15, 1940** (b) **M. M. Browne**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14th**  
year **1940** hour **4:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 1st** 19**40** to **July 14** 19**40**  
that I last saw him alive on **July 14** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis** Duration **5 months**  
**Hypostatic Pneumonia** **2 days**  
Due to **24**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **Paul J. Hunt** (M. D. or other)  
Address **1307 N. E. 1st** Date signed **7-15-40**

Dr. Paul Hunt

Professional Rg

VI 1651

**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 R. R. Hausschild

Licensed Embalmer No. 4159

P. O. Address K. O. 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, above space should be left blank.