

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3000 East 6th Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
(Specify whether  
In this community all her life,  
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 limits, write "RURAL")  
(d) Street No. 3000 East 6th Street,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th,  
year 1941 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from April 1  
1941 to May 11, 1941;  
that I last saw him alive on May 10, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Cornea

Due to Senility

Due to Senility

Other conditions 1620  
(Includes pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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 C

23. Signature Frank J. [Signature] (M. D. or other)

Address 315 [Address] Date signed 5-12-41

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

3. (a) PRINT FULL NAME Mrs. Emma Smart Donaldson,

8. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James S. Donaldson, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased August 14 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 8 28 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name David O. Smart,

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

14. Maiden name Allice L. Walrond,

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

16. (a) Informant Oliver Smart Donaldson,

(b) Address 3000 East 6th St., K. C., Mo.

17. (a) Burial, (b) Date thereof 5-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Pantheon.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 12, 1941 (b) M. M. [Signature]  
(Date received local registrar) (Registrar's signature)

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

Dr. Frank Ridge,

4542 Wa. Clemon Rd.

**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 Selby Remy

Licensed Embalmer No. H127

P. O. Address Kennett City, 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.