

Registration District No. 349

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:
4111 Mercier
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 32 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4111 Mercier 8
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT NAME STEPHEN FRANCIS DONAHUE

(b) If veteran, name war No (c) Social Security No. 487-10-3148

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Elizabeth Donahue 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Sept 11 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day April
year 1942 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from Apr 11
1942 to Apr 21, 1942
that I last saw him alive on Apr 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Thrombosis 10 Days

Due to not known
Due to.....

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 H. Spruiter (M. D. or other)
Address 900 Rialto Bldg Date signed 4/22/42

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>7</u>	<u>10</u>	hr. min.

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

10. Usual occupation Night Wire Chief

11. Industry or business Western Union

12. Name Michael Donahue

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

14. Maiden name Mary Lewallen

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

16. (a) Informant Mrs. Mary E. Donahue

(b) Address 4111 Mercier

17. (a) Burial (b) Date thereof 4-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Jurk & Tobin Co

(b) Address 20 West Linwood

19. (a) 4-24-42 (b) (Registrar's signature)

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

116

APR 30 1942

9932

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..... *Harold Perry*

Licensed Embalmer No. *4097*

P. O. Address.....

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.