

Registration District No. **7180/149**

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

(c) Name of hospital or institution: K.C. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) 48 yrs

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. 2732 Troost Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Austin Donahue Donohew

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1943 hour 1:00 P.M. minute M.

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada Donohew 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct-24 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-30-43 to 5-3-43, 19...; that I last saw him alive on 5-3-43, 19...; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>9</u>hr.min.

Immediate cause of death.....

Bilateral atelectasis, spontaneous, acute Myocardial fibrosis with peripheral Due to circulatory failure

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

10. Usual occupation Retired Salesman

Due to 93A

Other conditions (Include pregnancy within 3 months of death).....

11. Industry or business.....

12. Name John Donohew

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

14. Maiden name Frances Betty

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

Major findings: Of operations

Of autopsy See above

16. (a) Informant Ada Donohew

(b) Address 2732 Troost

17. (a) Donohew (b) Date thereof May 5-1943
(Usual, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Mrs C. E. Gaster

(b) Address 718 Broadway

19. (a) 5-5-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

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).....

23. Signature Dr. K. C. Gen (M. D. or other).....
Address Med. Dir K.C. Gen/ Hospital Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Donald O. Browning*.....

Licensed Embalmer No. *237-214*.....

P. O. Address *H. C. 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.