V. S. No. 2
00M—2-43
Rev. 5-17-39
IIIX35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27391

Registration District No. 149 (SEP 7 15)

Primary Registration District No. 1002

Registrar's No. 3710

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3325 Virginia Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 60 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3325 Virginia Ave.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Ella V. McDONNELL.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ********

6. (c) Age of husband or wife if alive ***** years

7. Birth date of deceased October (Month) 16th, (Day) 1878 (Year)

8. AGE: Years 64 Months 10 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace Oswego (City, town, or county) New York. / (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John McDonnell.
13. Birthplace (City, town, or county) Canada. 2 (State or foreign country)

MOTHER
14. Maiden name Mary Anna Cotter.
15. Birthplace Oewego (City, town, or county) New York. / (State or foreign country)

16. (a) Informant John T. McDonnell.
(b) Address 3325 Virginia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) 8-27-43 (Date received local registrar) (b) F E Brown, Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day aug
year 1943 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept, 1941, to Aug 24, 1947;
that I last saw him alive on 8-24-43, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Cardiac decomposition	3 hours
Due to Coronary Thrombosis	1 yr
Due to arteriosclerosis	year
94A	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J T Shinner (M. D. or other) MD
Address 1402 Bryant Bldg K.C. Mo. Date signed 8-26-43

(Licensed Embalmer's Statement on Reverse Side)

Mellody - McKelty

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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.