

BUREAU OF THE CENSUS
FILED NO. 1 943

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution K.C. TB Hosp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3m 23d
40 yrs (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. 2953 Victor
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vincent Donigan

3. (b) If veteran, name war. no 3. (c) Social Security No. 500-22-7287

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced, or widowed. married
6. (b) Name of husband or wife Helen E. 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased June 9 1884 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation Grocer

11. Industry or business own

12. Name Thomas F. Donigan
13. Birthplace Philadelphia Pa. (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Wall
15. Birthplace La Salle Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Records K.C. TB (b) Address Leeds mo.

17. (a) Burial (b) Date thereof 10/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

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

19. (a) 10-8-43 (b) P. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1943 hour 10.02 minute P. M.
21. I hereby certify that I attended the deceased from 6-14-43 to 10-7-43 that I last saw him alive on 10-7-43 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 6 m.

Due to 13 1/2

Other conditions T.B. Laryngitis 6 m. (Include pregnancy within 3 months of death)

Major findings: T.B. Kidney 2 1/2 m. Of operations Of autopsy same

Duration
6 m.
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?

23. Signature Matthew J. Noon (M. D. or other) Address Leeds Mo. Date signed 9/7/43

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

MOTHER FATHER

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..... *Russell A. Frame*.....

Licensed Embalmer No. *4255*.....

P. O. Address..... *K. 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.