

S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED SEP 22 1944

Registration District No. **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 Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **1 Day.**
(Specify whether in this community years, months or days) 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

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

(d) Street No. **3225 Benton Blvd.**
(If rural, give location) **4**

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Hazel F. DONIGAN.**

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 **Married**

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

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

7. Birth date of deceased **August 26th, 1896**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	0	8	hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business

MOTHER { 12. Name **W.J. Kelly**

13. Birthplace **LaSalle** **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Ella Reil**

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

16. (a) Informant **Francis Donigan**

(b) Address **3225 Benton Blvd.**

17. (a) **Burial** (b) Date thereof **9-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Melody-McGilley**

(b) Address **Kansas City Mo.**

19. (a) **9-7-44** (b) **R. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **4th**
year **1944** hour minute M.

21. I hereby certify that I attended the deceased from **7 Feb**
1944 to **Sept 4** **1944**
that I last saw him alive on **Sept 4** **1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Sub acute yellow atrophy**
Due to **early cirrhosis of liver.**
Due to **Ch. glomerulonephritis**
& chronic tract of leg

Other conditions: **50**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: **12.50**
Of operations

Of autopsy **Same**

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 **Hugh P. ...** (M. D. or other)
Address **307 ...** Date signed **9/7/44**

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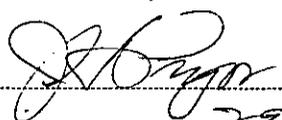
STATEMENT BY LICENSED EMBALMER

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.