

FILED FEB 20 1946
146

Registration District No. **146**

Primary Registration District No. **5568**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Rural Blue**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Blue Springs & Lee's Summit Roads 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **71 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Agnes Donlan**
 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 **1874** years
 7. Birth date of deceased **November 7 1874**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	2	26	hr. min.

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

10. Usual occupation _____

11. Industry or business **Housekeeper**

MOTHER FATHER
 { 12. Name **Michael Donlan**
 { 13. Birthplace **Unknown Ireland 4**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Alice Glenn**
 { 15. Birthplace **Unknown Ireland 4**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Rose Ann Donlan**
 (b) Address **Route #4 Independence Mo.**

17. (a) **Burial** (b) Date thereof **2-7-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Mary's Indepe Mo.**

18. (a) Signature of funeral director **Geo. C. Carson Funeral Home**
 (b) Address **Independence Missouri**

19. (a) **2-4-46** (b) **James W. Ross**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Rural Independence**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Route #4** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb.** day **3**
 year **1946** hour **11** minute **27 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Deputy Coroner**
Coronary Arterio sclerosis

Due to _____
 Due to _____

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

PHYSICIAN
 Major findings:
 Of operations **97**
 Of autopsy _____
 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 **A. E. Wecker** (M. D. or other) **MD**
 Address **2600 main** Date signed **2/7/46**

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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, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *R. D. Lish*
Licensed Embalmer No. 4123
P. O. Address Indyana 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.