

FILED OCT 8 1948

Registration District No. 149

Primary Registration District No. 1002

State File No. _____

Registrar's No. 4017

1. PLACE OF DEATH:

(a) County Jackson Co
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days) 40 years

3. (a) PRINT FULL NAME Leon H. Donahue

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. male 5. Color of hair 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 9-19-1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Retired Clerk

11. Industry or business N. C. Southern P. R.

12. Name Warner B. Donahue

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Ida Paine

(b) Address 1811 Dundas Blvd, N. C. W.

17. (a) Removal (b) Date thereof 9-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys, Kansas

18. (e) Signature of funeral director Nichols & Son

(b) Address Kansas City, Kansas

19. (a) 9-23-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL" and location)
(d) Street No. 1811 Dundas Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22
year 46 hour 10 minutes 52 A. M.

21. I hereby certify that I attended the deceased from 9-6-46 to 9-22-46
that I last saw him alive on 9-22-46
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Due to Atherosclerosis

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

Major findings: Of operations g30

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 0

23. Signature Dr. W. P. McClellan M. D. or other _____

Address 200 Argyle Date signed 9-23-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

George M. Malley

Licensed Embalmer No. *2798*

P. O. Address *W. P. Kansas.*

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.