No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 5 1947

Registration District No. 197

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24150

Registrar's No. 2975

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters Of The Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Yr. 7 Mo. (Specify whether
In this community 6 Yr. 7 Mo.
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. 5331 Highland 6
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES DONAHUE
3. (b) If veteran, name war No Record
3. (c) Social Security No. NONE
4. Sex Male 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 Nov. (Month) 28 (Day) 1884 (Year)

8. AGE: Years 62 Months ~~8~~ 7 Days 13 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Michael Donahue
13. Birthplace NO RECORD (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary O'Connor
15. Birthplace NO RECORD (City, town, or county) (State or foreign country) 9
16. (a) Informant Dr. Ta- Theile
(b) Address 5331 Highland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery
18. (a) Signature of funeral director Murk & Tobin
(b) Address 20 West Linwood
19. (a) 7-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1947 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 5 1947, 19, to July 11 1947, 19;
that I last saw him alive on July 11 1947, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 Days
Due to Hypertensive Heart Disease	8 yrs
Due to Generalized Arterio-sclerosis	11 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy None

PHYSICIAN
Underline the cause of 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 John T. Skinner (M. D. or other) MD
Address 1402 Bryant Date signed 7/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John J. Lowry

Licensed Embalmer No. 4474

P. O. Address 20 W. Linwood

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.